



CALIFORNIA THORACIC SOCIETY  
ANNUAL MEETING AND EDUCATIONAL CONFERENCE  
PORTOLA HOTEL & SPA, MONTEREY CA  
Thursday March 11- Sunday March 14, 2027

## EXHIBITOR REGISTRATION FORM

Company: \_\_\_\_\_

Contact/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CellPhone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

On-Site Company Representatives (*list name, title, email address, and cell phone number*):

Exhibitor #1: \_\_\_\_\_

Exhibitor #2: \_\_\_\_\_

### **PAYMENT INFORMATION:**

☐ \$6,000– Exhibitors – **THURSDAY ONLY – ILD SYMPOSIUM & SPECIALIZED EXHIBIT\*\***

### **FRIDAY/SATURDAY MAIN PROGRAM EXHIBITS\*\***

☐ \$4,000– Standard Exhibitor from CTS 2026 Annual Meeting ☐ \$4,500– NEW Standard Exhibitor Registration

☐ \$7,500– Grand Exhibitor from CTS 2026 Annual Meeting ☐ \$8,000– NEW Grand Exhibitor Registration

☐ I'm sending more than two representatives and will pay an additional \$550 per rep. (*name, title, email, phone*)

Additional reps: \_\_\_\_\_

☐ \$1,500 – Additional fee for PRIME locations - offered on a first-come basis

**\*\*NOTE: Additional \$500 Discount if exhibiting on Thursday AND Friday/Saturday**

☐ Yes! I will need electricity.

☐ No, I will not need electricity.

**TOTAL ENCLOSED: \$** \_\_\_\_\_

☐ Check payable to *California Thoracic Society* (Tax ID #80-0627724)

☐ VISA/MC/AMEX Card#: (call CTS office with cc#, exp, ccv details)

Print name as it appears on card: \_\_\_\_\_

Card Address (street, city, state, zip) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A 50% cancellation fee will be applied to cancellations received fourteen (14) days after the initial payment is made and within forty-five (45) days of the event. No refunds will be issued thereafter.**

**RETURN EXHIBIT REGISTRATION FORM VIA EMAIL TO: [office@calthoracic.org](mailto:office@calthoracic.org)**

**MAIL CHECKS TO THE FOLLOWING ADDRESS:**

**California Thoracic Society (CTS) 447 Sutter Street, Suite 506 - #1054, San Francisco, CA 94108**

**Phone: 415-536-0287 | Fax: 415-689-9027**

Please refer any questions/requests for additional information to:

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Walter VanderSchraaf, Office: 415-536-0287, Email: [office@calthoracic.org](mailto:office@calthoracic.org)