



# FL Society of Thoracic & Cardiovascular Surgeons

2019 Annual Scientific Meeting

July 12- 14, 2019

Ocean Reef Club - Key Largo, FL



EXHIBITOR ADVANCE REGISTRATION FORM					
Company Name					
Contact Person					
Title					
Address					
City		State		Zip	
Phone			Cell Ph		
E-Mail			Fax		
<b>Note – Due to limited space, exhibits are limited to 6’ tabletops</b>					
Type of product to be displayed:					
Please place my exhibit adjacent to:					
Please DO NOT place my exhibit adjacent to:					
Does your tabletop display exceed 3' in height? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your exhibit require electricity? <input type="checkbox"/> Yes <input type="checkbox"/> No (***\$100 charge for electrical)				# of outlets requested:	
Type of equipment requiring electricity:					
REGISTRATION FEES (INCLUDES ALL FOOD FUNCTIONS)				AMT DUE	
<input type="checkbox"/> Platinum Sponsorship (includes exhibit & 6 reps)				\$12,500	
<input type="checkbox"/> Gold Sponsorship (includes exhibit & 4 reps)				\$10,000	
<input type="checkbox"/> Silver Sponsorship (includes exhibit & 3 reps)				\$7,500	
<input type="checkbox"/> Bronze Sponsorship (includes exhibit & 2 reps)				\$5,000	
<input type="checkbox"/> Exhibit (includes 1 rep)				\$2,400	
<input type="checkbox"/> Additional Reps (please indicate # of additional reps: # _____)				\$300 ea	
<input type="checkbox"/> ***Electrical for Exhibit				\$100	
<b>TOTAL DUE</b>					
PAYMENT METHOD					
<input type="checkbox"/> Check # _____ (Make payable to FSTCS) <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa					
Account #		Exp Date		CVV#	
Name					
Address (include zip)					
Signature					

## FSTCS 2019 Annual Meeting Exhibitor Registration

<b>Company Name:</b>			
<b>REPRESENTATIVE #1: (included in exhibit fee)</b>			
Name			
Phone#		Cell#	
E-mail			
<b>REPRESENTATIVE #2: (\$300)</b>			
Name			
Phone#		Cell#	
E-mail			
<b>REPRESENTATIVE #3: (\$300)</b>			
Name			
Phone#		Cell#	
E-mail			
<b>REPRESENTATIVE #4: (\$300)</b>			
Name			
Phone#		Cell#	
E-mail			
<b>REPRESENTATIVE #5: (\$300)</b>			
Name			
Phone#		Cell#	
E-mail			

<b>HOTEL ACCOMODATIONS</b>
<p><b>PLEASE MAKE YOUR RESERVATIONS EARLY AT</b>  <a href="https://book.passkey.com/e/49144909" style="color: blue; text-decoration: underline;">https://book.passkey.com/e/49144909</a></p> <p><b>GROUP ROOM RATE CUTOFF DATE – Tuesday, June 18, 2019</b></p> <p><b>PLEASE REQUEST FSTCS GROUP ROOM RATES - \$220 S/D or \$365 – 2 BR Condo (limited availability)</b></p>

**PLEASE RETURN COMPLETED REGISTRATION FORM TO:**

**FL Society of Thoracic & Cardiovascular Surgeons**

Attn: Bridget Anderson, Society Administrator

5101 Ortega Blvd~ Jacksonville, FL 32210

Phone: (904) 356-9300 Fax: (904) 671-6131

Bridget@fstcs.org

Tax ID # 59-2863590