



FL Society of Thoracic & Cardiovascular Surgeons

2020 Annual Scientific Meeting

July 10 - 12, 2020

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		
Note Due to limited space, exhibits are limited to 6' tabletops					
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
TOTAL DUE					
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 2020 Annual Meeting Exhibitor Registration

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

HOTEL ACCOMODATIONS
<p>PLEASE MAKE YOUR RESERVATIONS EARLY AT https://book.passkey.com/e/49827500</p> <p>GROUP ROOM RATE CUTOFF DATE – Tuesday, June 16, 2020</p> <p>PLEASE REQUEST FSTCS GROUP ROOM RATES - \$229 S/D or \$376 – 2 BR Condo (limited availability)</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