



FL SOCIETY OF THORACIC & CARDIOVASCULAR SURGEONS
 2022 Annual Scientific Meeting
 July 15 - 17, 2022
Ocean Reef Club - Key Largo, FL



EXHIBITOR ADVANCE REGISTRATION FORM					
Company Name					
Contact Person					
Title					
Address					
City		State		Zip	
Phone			Cell Phone		
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)				\$2,500	
<input type="checkbox"/> Additional Reps (please indicate # of additional reps: # _____)				\$400 ea	
<input type="checkbox"/> ***Electrical for Exhibit				\$100	
NEW ADDITIONAL SPONSORSHIP OPPORTUNITY					
<input type="checkbox"/> Elite Presidential Networking Reception Sponsorship				\$3,500	
<input type="checkbox"/> Tier 2 Presidential Networking Reception Sponsorship				\$2,500	
<input type="checkbox"/> Tier 1 Presidential Networking Reception Sponsorship				\$1,500	
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				Phone #	
Address (include zip)					
Signature					

FSTCS 2022 ANNUAL MEETING EXHIBITOR REGISTRATION

Please note: Email addresses and cell phone numbers are REQUIRED for all representatives

Company Name:	
REPRESENTATIVE #1: (person in charge of exhibit at meeting)	
Name	
Cell #	
E-mail	
REPRESENTATIVE #2:	
Name	
Cell #	
E-mail	
REPRESENTATIVE #3:	
Name	
Cell #	
E-mail	
REPRESENTATIVE #4:	
Name	
Cell #	
E-mail	
REPRESENTATIVE #5:	
Name	
Cell #	
E-mail	
REPRESENTATIVE #6:	
Name	
Cell #	
Email	

HOTEL ACCOMODATIONS

FSTCS GROUP ROOM RATES - \$235 S/D or \$387 – 2 BR Condo (limited availability)

GROUP ROOM RATE CUTOFF DATE – Tuesday, June 21, 2021

**Upon receipt of your company's completed Exhibit Registration form,
the link for making room reservations will be provided to the representatives listed.**

**PLEASE RETURN COMPLETED REGISTRATION FORM TO:
FLORIDA SOCIETY OF THORACIC & CARDIOVASCULAR SURGEONS**

Attn: Bridget Ware, Society Administrator
5101 Ortega Boulevard • Jacksonville, FL 32210
Phone: (904) 356-9300 • Fax: (904) 671-6131

Bridget@fstcs.org
Tax ID # 59-2863590