

WESTERN THORACIC SURGICAL ASSOCIATION
43RD ANNUAL MEETING
JUNE 21-24, 2017 • THE BROADMOOR, COLORADO SPRINGS, COLORADO

INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

Complete & return to:
Secure Fax: 978-524-0461
Western Thoracic Surgical Association
Attn: Yvonne Grunebaum
500 Cummings Center, Suite 4400
Beverly, MA 01915

Exact Title of Symposium _____ Name of Accrediting Organization _____

Sponsoring Company Name _____ Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Brief Description of Symposia Topic and Proposed Faculty:

* Symposium acceptance is subject to final approval by the WTSA Scientific Program Committee

DAY/DATE/TIME OF MEETING

- Thursday June 22nd 12:30pm – 1:45pm **\$15,000**
 - Thursday June 22nd 6:30pm – 8:30pm **\$15,000**
 - Friday June 23rd 12:30pm – 1:45 pm **\$15,000**
- * Times subject to change based on final program

ROOM SET

- Classroom Podium Theater
- Conference Hollow Square
- U-shape Reception
- Banquet (rounds)

Once space has been assigned and confirmed by WTSA you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. Each sponsor is responsible for all charges to the facility. By signing below you are authorizing WTSA to charge the total fee indicated on this form to your credit card.

PAYMENT METHOD: Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

CREDIT CARD American Express MasterCard Visa Check **Amount to be charged: \$ _____**

Name as it appears on credit card _____

Credit Card Number _____ Expiration Date _____ Security Code _____

- Please check if credit card billing address is same as contact information at the top of the form.
- If billing address is not the same please enter below.

Company Name _____ Street Address _____ City/State/Postal Code /Country _____

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

SIGNATURE _____ **Date** _____