Dear Industry Partner:

The Western Thoracic Surgical Association invites you to participate at the 46th Annual Meeting, June 24 - 27, 2020 at the Vail Marriott Mountain in Vail, Colorado.

This meeting is one of the more special events within the cardiothoracic community as it allows for more face time for industry and surgeons throughout the meeting than most other meetings in the cardiothoracic space. Many surgeons and industry reps agree it is their favorite meeting of the year because so much business gets accomplished in such a short period of time.

The Western Thoracic Surgical Association appreciates your continuing support of our exhibitor, educational, and marketing programs for 46 years and we are grateful to you and your colleagues. This is a powerful opportunity for your company to interact with the cardiothoracic surgeons in a more casual environment.

The enclosed information summarizes the various ways Industry can participate in the 2020 meeting. Please contact the WTSA office if you have any questions.

Sincerely,

Yvonne Grunebaum, CEM
Director of Industry Relations, WTSA

PROFESSIONAL REGISTRATION STATISTICS

<table>
<thead>
<tr>
<th>Year</th>
<th>Registration</th>
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<tbody>
<tr>
<td>2019</td>
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<tr>
<td>2018</td>
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<td>159</td>
</tr>
<tr>
<td>2005</td>
<td>214</td>
</tr>
</tbody>
</table>
**EDUCATIONAL SUPPORT OPPORTUNITIES**

**WiFi**

Gain high visibility for your company by supporting the Annual Meeting WiFi service. The supporting company will be acknowledged in all communication to the attendees as the WiFi sponsor.

**MARKETING SUPPORT OPPORTUNITIES**

<table>
<thead>
<tr>
<th>Industry-Supported Scientific Symposium*</th>
<th>Breakfast</th>
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<td></td>
<td>$10,000.00</td>
<td>$15,000.00</td>
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Industry-Supported Satellite Symposia are educational events that may offer, but are not limited to:

- Educational programs, although not mandatory, the WTSA encourages be designated for **AMA PRA Category 1 Credit™;**
- Formal presentations, speakers, product display/promotion, equipment demonstrations or procedural instruction are:
  - Planned and implemented by an organization external to the accredited provider, Cinemed and WTSA
  - Neither sponsored nor endorsed by the Cinemed and WTSA;
  - Not part of the Cinemed accredited Scientific Program

Should the Supporter choose to offer CME for this presentation, this shall be done separate from the WTSA and Cinemed and the Supporter shall comply with regulations as set forth by their own accredited provider.

All promotional materials must contain the following statement:

_This event is neither sponsored by nor endorsed by the Cinemed or the WTSA_

Contact Stan Alger, WTSA Executive Director, should you require assistance in identifying potential CME providers beyond those of Cinemed: [salger@prri.com](mailto:salger@prri.com) or 978-299-4509

Symposium support includes one (1) complimentary meeting registration for a speaker, acknowledgement in meeting publications, promotional materials and onsite signage, both pre- and post-registration attendee mailing lists and one complimentary blast email to the Western Thoracic Surgical Association pre-registration list (mailing pieces must be emailed to [industry@westernthoracic.org](mailto:industry@westernthoracic.org) for approval). The sponsor will also have the opportunity to include an invitation with attendee registration materials and a promotional poster in the registration area. Educational programs, although not mandatory, the WTSA encourages be designated for **AMA PRA Category 1 Credit™;**. Food and audio visual is at sponsor's expense.

**Thursday June 25th**

<table>
<thead>
<tr>
<th>Lunch Thoracic</th>
<th>Cardiac</th>
<th>Breakfast Thoracic</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:30 pm – 1:45 pm</td>
<td>12:30 pm – 1:45 pm</td>
<td>6:30 am – 7:50 am</td>
</tr>
</tbody>
</table>

**Friday, June 26th**

*Times are subject to change based on 2020 programming.*
MARKETING SUPPORT OPPORTUNITIES

Program Guide Advertisement $5000.00
Place an ad in the WTSA 2020 meeting program guide and your marketing message will reach over the majority of attendees. This is the main reference for all WTSA attendees and members and will be referred to several times throughout the year.

The program guide contains the daily agenda, educational session descriptions, exhibitor/sponsor listings and product descriptions as well as the WTSA board and committee listings.

Meeting Bags $10,000.00
This is an opportunity to support the meeting bags that every surgeon will receive. Due to ACCME regulations, the company logo is not permitted to be displayed on the bag, however your company will be acknowledged as the sponsor and may have an insert in the bag.* Bags will be produced by WTSA.

Hotel Key Cards $6,000.00
Hotel guests attending the Annual Meeting will have a plastic hotel keycard for their room. Your company logo and booth number may be prominently displayed on each key showcasing your company message and driving traffic to your booth. WTSA will produce the keys and supporter will supply artwork.

Signage
Ballroom Foyer $5,000.00 Stairwell $3,500.00
Broadcast your messaging on LED screens strategically placed in the Ballroom Foyer and the Grand Ballroom staircase.

Water Bottles $5,000.00
This year’s meeting is in the mountains and it is important to stay hydrated. Sponsor logo along with the WTSA logo will be on the 17 oz. metallic water bottle which will keep water nice and cool.

Door Drops $4,000.00
Company is able to send their message to each room. The Hotel staff will place your item in each room on the specified day you request. Item must be approved by Show Management. Supporter supplies promotional piece and sends it to the hotel.

*Symposium sponsors will also have flyers in the bag

SPONSOR SUPPORT OPPORTUNITIES

Early Career Networking Reception $10,000.00
Thursday, June 25th 4:30 – 5:30
Attended by meeting registrants who are starting their careers, this is an excellent opportunity to meet those early adopters. Your company will be acknowledged through on-site signage at the reception as well as any marketing materials online in advance of the meeting.
EXHIBITOR OPPORTUNITIES

EXHIBIT SPACE $6,700.00

- 6' x 30" Tabletop
- 2 Full Meeting exhibitor packages*
- 2 exhibitor registrations**
- Recognition in Program Book, Newsletter, and onsite meeting signage
- 1 Lead retrieval license

*One Full meeting exhibitor package includes 1 ticket to each of the following events: New Members/Welcome Reception, Theme Dinner, Family Luncheon, and President's Banquet. These single-event tickets can be distributed among an exhibiting company's colleagues. To gain access to an event, exhibitors must wear his/her exhibitor badge and present an event ticket. Additional exhibitor packages and single event tickets will be available for purchase. Please note that single tickets to individual events are priced at actual cost, whereas an exhibitor package is discounted and is the same subsidized price that Western spouses/guests pay for their social packages. Not included are tickets for the Friday morning Samson Fun Run, Simultaneous Breakfast Sessions, and Friday afternoon's Golf and Tennis Tournaments. Individual tickets to these activities may be purchased on a space-available basis, at the same price charged to all attendees. The sign-up form will be in the online Exhibitor Service Kit available in March.

** Exhibitor registration only includes admission to the exhibit hall and scientific sessions.

EXHIBIT DATES & HOURS*

Thursday, June 25 7:00am – 12:00pm
Friday, June 26 7:00am – 12:00pm
Saturday, June 27 7:00am – 10:30am

Continental Breakfast and coffee breaks will be served in the exhibit hall.

*Times are subject to change based on 2020 programming.

EXHIBIT HALL LOCATION AND BENEFITS

The exhibits are located in the Grand Ballroom A-E, adjacent to the Scientific Sessions located in Grand Ballroom F-J. Each exhibit space will include one 6’ x 30” draped table and two chairs. Exhibits are TABLETOP ONLY. Freestanding floor exhibits will be permitted only with permission from Show Management. Standing medical equipment may be used in lieu of a table, but requests must be sent in writing to the Association's office for approval. A tabletop sign will be provided for each exhibiting company.

Each exhibiting company will receive two (2) complimentary full meeting registration packages* and two (2) exhibitor registrations** per tabletop purchased. Exhibiting companies may also purchase up to 3 additional social (Full Meeting) packages. Exhibit representatives are also cordially invited to pre-register and participate in the Golf and Tennis Tournaments. Registration forms will be available in the online Service Kit by late March.

* Full meeting registration includes admission to the exhibit hall and scientific sessions, as well as 1 ticket to each of the following: New Members Reception, Theme Dinner, Family Luncheon, and President's Banquet.
** Admission to the exhibit hall and scientific sessions only
CONDUCTING EXHIBITS
No drawing, raffles, or quiz-type contests of any type will be permitted. No bags or containers for collection of samples are to be distributed by an exhibitor. This applies to any envelope, folder, portfolio, box, etc., that provides carrying space for more than a single sample. Electrical or other mechanical apparatus must be muffled so noise does not interfere with other exhibitors. Character of the exhibits is subject to the approval of the Association. The right is reserved to refuse applications that do not meet standards required or expected, as well as the right to curtail exhibits or parts of exhibits which reflect against the character of the meeting. This applies to displays, literature, advertising, novelties, souvenirs, conduct of persons, etc.

PAYMENT
Table Top Exhibits are $6,500. A 50% deposit of exhibit or sponsorship fees should be forwarded with the Application for Exhibit Space and Sponsorship Agreement. Forms received without a 50% deposit will not be processed until the payment has been received. The balance must be paid by Friday, March 20, 2020. In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact industry@westernthoracic.org with any immediate concerns.

INSTALLATION OF EXHIBITS
The exhibit area will be available for set-up from 12:00 pm - 5:00 pm on Wednesday, June 24th. All exhibits must be set by 5:00 pm without exception. Assembly of exhibits during the regularly scheduled exhibit hours will not be permitted.

DISMANTLING OF EXHIBITS
All exhibits must remain intact until the official closing time of 10:30 am on Saturday, June 27th, and may not be dismantled or removed, in whole or in part, before that time. After the close of exhibits, all material must be removed no later than 2:00 pm on Saturday, June 27th.

INFRINGEMENT
Interviews, demonstrations and the distribution of literature or samples must be made within the area assigned to the exhibitor. Canvassing or distributing of advertising matter outside the exhibitor’s own space will not be permitted.

FIRE PROTECTION
All materials used in the exhibit area must be flame-proofed and fire-resistant in order to conform to the local fire ordinances and in accordance with regulations established by the local Fire Department. Crepe paper or corrugated paper, flame-proofed or otherwise, will not be permitted. Excelsior or other paper is not to be used in crating merchandise. Display racks, signs, spotlights and special equipment must be approved before use, and all displays are subject to inspection by the Fire Prevention Bureau. Any exhibit or parts thereof found not to be fireproof may be dismantled. All aisles and exits must be kept clear at all times, and fire stations and fire extinguisher equipment are not to be covered or obstructed.

ELECTRICAL / AUDIO-VISUAL / HOUSING / COMPUTER FORMS
Please refer to the online service kit, available in March.

SPECIAL NEEDS
Please contact the Western Thoracic Surgical Association office if you have a representative with a disability that will require special accommodations.

EXHIBIT PERSONNEL
All participants affiliated with the exhibits must be registered. Each person will be issued an exhibitor badge and must be employed by the Exhibitor or have a direct business affiliation. Each exhibiting company will receive two (2) complimentary full meeting registration packages* and two (2) exhibitor registrations** per table top purchased. Exhibiting companies may also purchase up to 3 additional social packages.

*Full meeting registration includes admission to the exhibit hall and scientific sessions, as well as 1 ticket to each of the following: New Members Reception, Theme Dinner, Family Luncheon, and President’s Banquet.
**Admission to the exhibit hall and scientific sessions only

SHIPPING
Please refer to the shipping information in the online service kit.

SPACE ASSIGNMENT
Preferred space assignment will be given to previous exhibitors based on the priority point system and to supporters. Space will be assigned in March based on priority number; after that, all remaining space will be assigned in order of receipt of applications. Exhibitors wishing to avoid assignment of space adjacent to a competitor should indicate so on their application. Careful consideration will be given to such requests. The Association has the right to alter the floor plan at any time.

PRIORITY POINT SYSTEM
A point system, based on WTSA exhibit history and date of receipt of application will guide the assignment of space. Three points will be given each year beginning with 1992, for each exhibit space. One point will be given for each additional space for a maximum of six points annually. Applications must be received by March 20, 2020 to be included in the priority point deadline.
**HOUSING**

As a valued exhibitor of the WTSA Annual Meeting, you must sign a Room Block Agreement, acknowledging that, if reserving 4 or more rooms at the Vail Marriott Mountain, your company will provide the WTSA with a Rooming list, including names of staff attending the WTSA meeting along with their arrival and departure dates. (The WTSA will not make reservations on your behalf; your company should make their own arrangements through the online reservation system.) The Room Block Agreement must be submitted with your Exhibit Space Application; please see the Room Block Agreement and the Exhibitor Rooming List for full terms and conditions.

**SOCIAL FUNCTIONS**

Each exhibiting company will receive two (2) full meeting registration packages* for each tabletop purchased. Each package includes one (1) ticket to each of the following: New Members/Welcome Reception; Theme Dinner; and the Family Luncheon and President's Banquet. Exhibitors may purchase up to three (3) additional social packages. Each exhibiting company also receives two (2) exhibitor registrations**.

* Full meeting registration includes admission to the exhibit hall and scientific sessions, as well as 1 ticket to each of the following: New Members/Welcome Reception, Theme Dinner, Family Luncheon, and President's Banquet.

** Exhibitor registration provides admission to the exhibit hall and scientific sessions only

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**Satellite Symposia or Industry related activity during the entire WTSA meeting are not allowed other than the scheduled opportunities on Thursday and Friday.**

**REFUNDS/CANCELLATIONS**

Cancellations received in writing by March 2, 2020 will be subject to a 25% administrative fee. Cancellations received after March 2, 2020 will not receive a refund.

**PROTECTION OF THE HOTEL**

Exhibitors will be held liable for any damage caused to the hotel, and no material or matter of any kind shall be posted on, tacked, nailed, screwed or otherwise attached to columns, walls, floors or other parts or portions of the building or furnishings. Whatever may be necessary to properly protect the building, equipment or furniture will be installed at the expense of the exhibitor.

**INSURANCE AND INDEMNIFICATION**

Exhibitor agrees to carry and maintain and provide evidence of liability and other insurance in amounts sufficient to provide coverage against any claims arising from any activities arising out of or resulting from the respective obligations pursuant to this contract. Exhibitor’s insurance policy shall name Hotel and WTSA as additional insureds. Damage to the Hotel premises by the exhibitor or appointed contractors will be the exhibitor’s responsibility. Exhibitor will accept full responsibility for any damages resulting from any action or omissions of their individual staff and designated contractors in conjunction with the exhibit activities. The Hotel and WTSA are not responsible for any loss or damage no matter how caused, to any samples, displays, properties, or personal effects brought into the Hotel, and/or for the loss of equipment, exhibits or other materials left in the meeting rooms.

**TERMS IN CASE OF DEFAULT**

If any exhibitor fails to pay when due, any sum required by the Application for Exhibit Space, or if any exhibitor fails to meet any term or condition of the application, or fails to observe and abide by these Rules & Regulations, WTSA reserves the right to terminate the contract immediately without refund of any monies previously paid. In any case, no refunds will be made on or after March 2, 2020.

**SECURITY**

All entrances to the exhibit hall will be locked when exhibits are closed, but the safekeeping of the exhibitor's property shall remain the responsibility of the exhibitor. The Western Thoracic Surgical Association assumes no responsibility for any losses sustained by exhibitors.

**HAZARDOUS WASTE**

Exhibitor assumes responsibility and any liability for removal or disposal of any material considered to be hazardous waste material. Exhibitor also agrees to conform to any local ordinances and regulations concerning the disposal of any hazardous waste. Any and all costs incurred in the removal of hazardous waste from the exhibit facility will be the sole responsibility of the exhibitor.
### PAST EXHIBITORS

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<tr>
<th>Company Name</th>
<th>Company Name</th>
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<td>MED Alliance Solutions</td>
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<td>Merit Medical Endotek</td>
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<td>Biomet Microfixation</td>
<td>Neomend, Inc.</td>
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<td>California Medical Laboratories</td>
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<td>Ceremed</td>
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<td>ClearFlow Inc.</td>
<td>Somanetics Corporation</td>
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<td>Convatec</td>
<td>Spiration, Inc.</td>
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<tr>
<td>Cormatrix Cardiovascular, Inc.</td>
<td>St. Jude Medical</td>
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<td>SuperDimension, Inc.</td>
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<td>CSA Medical, Inc.</td>
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<tr>
<td>Delacroix-Chevaller</td>
<td>Synovis Surgical Innovations</td>
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<tr>
<td>DePuy Synthes CMF</td>
<td>Synthes</td>
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<tr>
<td>Dornier Medtech</td>
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<td>EchoPixel, Inc.</td>
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<tr>
<td>Edwards Lifesciences</td>
<td>The Thoracic Surgery Foundation (TSF)</td>
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<td>JACE Medical</td>
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<td>Johnson &amp; Johnson</td>
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<tr>
<td>Karl Storz Endoscopy-America, Inc.</td>
<td></td>
</tr>
</tbody>
</table>
WTSA MARKETING AGREEMENT

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

Company Name: ________________________________________________________________

Contact: ___________________________________________ Title: _________________________

Address: ______________________________________________________________________

City/State/Zip/Country: _____________________________________________________________

Telephone: ________________________ Fax: ______________________ E-Mail: _______________

MARKETING SUPPORT:

☐ Meeting Bags $10,000.00 ☐ Door Drops $4,000.00 ☐ Golf Balls $2,000.00
☐ Program Guide Ad $5,000.00 ☐ Hotel Key Cards $6,000.00

LED Signage
☐ Ballroom Foyer $5,000.00
☐ Grand Ballroom Staircase $3,500.00

PAYMENT METHOD: In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact industry@westernthoracic.org with any immediate concerns.

☐ WIRE TRANSFER –
Please call our offices at +978.927.8330 for wiring information. Or email industry@westernthoracic.org.

☐ CREDIT CARD ☐ American Express ☐ Visa ☐ MasterCard

Amount to be charged: $______________

Credit Card Number ____________________________

Expiration Date ___________________ Security Code (3-4 numbers on front or back of card) ____________________________

Name as it appears on credit card ____________________________________ Cardholder’s Signature ____________________________

☐ Please check if credit card billing address is same as contact information at the top of the form.
☐ Billing address if different than above: ______________________________________________________

Complete and email to: industry@westernthoracic.org
WTSA SPONSOR SUPPORT AGREEMENT

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

Company Name: ____________________________________________________________

Contact: _______________________________ Title: __________________________________

Address: ______________________________________________________________________

City/State/Zip/Country: _________________________________________________________

Telephone: __________________ Fax: __________________ E-Mail: ______________________

MARKETING SUPPORT:

☐ Early Career Reception $10,000.00

PAYMENT METHOD: In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact industry@westernthoracic.org with any immediate concerns.

☐ WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information. Or email industry@westernthoracic.org

☐ CREDIT CARD □ □ □ Amount to be charged: $___________

Credit Card Number________________________________________

Expiration Date_________ Security Code (3-4 numbers on front or back of card)_________

Name as it appears on credit card________________________________________ Cardholder’s Signature________________________________________

☐ Please check if credit card billing address is same as contact information at the top of the form.

☐ Billing address if different than above: ________________________________

Complete and email to: industry@westernthoracic.org

DO NOT EMAIL full credit card information. Form must be faxed if credit card number is showing via our secure fax 978.524.0461. If you prefer to email please leave out the credit card number and provide a phone number and we will call you for the credit card number.
WTSA EDUCATIONAL SUPPORT AGREEMENT

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

Company Name: __________________________
Contact: __________________________ Title: __________________________
Address: __________________________
City/State/Zip/Country: __________________________
Telephone: __________________________ Fax: __________________________ E-Mail: __________________________

SUPPORT:

☐ WiFi $10,000.00

PAYMENT METHOD: In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact industry@westernthoracic.org with any immediate concerns.

☐ WIRE TRANSFER –
Please call our offices at +978.927.8330 for wiring information. Or email industry@westernthoracic.org

CREDIT CARD ☐ ☐ ☐

Amount to be charged: $__________________

________________________________________
Credit Card Number
________________________________________
Expiration Date Security Code (3-4 numbers on front or back of card)

________________________________________
Name as it appears on credit card Cardholder’s Signature

☐ Please check if credit card billing address is same as contact information at the top of the form.
☐ Billing address if different than above: __________________________

Complete and email to: industry@westernthoracic.org
WESTERN THORACIC SURGICAL ASSOCIATION
46th ANNUAL MEETING
JUNE 24-27, 2020 • Vail Marriott Mountain • Vail, Colorado

INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

☐ Thursday, June 25th Lunch (Cardiac) ☐ Friday June 26th Breakfast (Cardiac)

☐ Thursday, June 25th Lunch (Thoracic) ☐ Friday June 26th Breakfast (Thoracic)

<table>
<thead>
<tr>
<th>Exact Title of Symposium</th>
<th>Name of Accrediting Organization</th>
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<table>
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<tr>
<th>Phone</th>
<th>Fax</th>
<th>Email</th>
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</thead>
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**Brief Description of Symposia Topic and Proposed Faculty:**

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

* Times subject to change based on final program

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:** In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact industry@westernthoracic.org with any immediate concerns.

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CREDIT CARD ☐

Amount to be charged: $______________

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<th>Expiration Date</th>
<th>Security Code (3-4 numbers on front or back of card)</th>
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Name as it appears on credit card

Cardholder’s Signature

☐ Please check if credit card billing address is same as contact information at the top of the form.

☐ Billing address if different than above: 

Complete and email to: industry@westernthoracic.org
EXHIBIT SPACE APPLICATION

Sign and return both sides either with a check payable to WTSA, 500 Cummings Center, Suite 4400, Beverly, MA 01915 or fax both sides with a credit card number to 978-524-0461. Applications must be received with 50% deposit. Priority point deadline is March 2, 2020. Final payment is due in full no later than March 2, 2020. Any questions, please contact the WTSA offices at 978-927-8330.

CONTACT INFORMATION

Contact Person This person will receive all correspondence pertaining to this meeting.

Title

Telephone number Fax number

Email address

Company Name

Street Address

City/State/Zip/Country

Web Address

EXHIBIT SPACE:

$6,700.00 per Tabletop

Location preferences: (List booth numbers)

1st Choice 2nd 3rd 4th

50% deposit is due with application. After March 2, 2020, applications must be accompanied with payment in full.

We would like to be near __________________________

We would not like to be near __________________________

The Society will make every effort to honor your location requests.

COMPANY DESCRIPTION: Describe products and services to be exhibited in 10 words or less. This will allow us to determine your company’s eligibility to exhibit.

_____________________________________________________

PROGRAM LISTING: Please email a 50 word description to industry@westernthoracic.org upon completion of your application, to be included in the Final Program. Include the following:

1. “WTSA” in the subject line of your email.
2. Company Name
3. Mailing Address
4. Company website address
5. 50 word description

If your description is substantially over 50 words we reserve the right to edit your submission.

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. In response to COVID-19 precautions we request that all incoming 2020 exhibitor fees and sponsor fees be paid by credit card or bank wire. Please contact industry@westernthoracic.org with any immediate concerns.

Please use the following methods of payment:

☐ WIRE TRANSFER – Please call our offices 978.927.8330

☐ CREDIT CARD ☐ American Express ☐ MasterCard ☐ Visa

This form must be faxed if credit card number is showing.

* DO NOT EMAIL | Secure Fax: +978.524.0461

Amount to be charged: $________

Expiration Date Security Code (3-4 numbers on front or back of card)

* Credit Card Number | Or phone number to call and take full info.

Cardholder’s Signature

☐ 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.

☐ WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information. Or email industry@westernthoracic.org

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS AND THIS APPLICATION (FRONT AND BACK). ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT. CONFIRMATION WILL BE SENT ON OR AFTER March 2, 2020.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

FOR WTSA USE ONLY

Date received: ___________ Total Amount due: $__________

Amount received: ___________ Accepted by: ___________

ID #: ___________

50% with application $___________

PIF by March 2, 2020 $___________

Space Assignment: ___________ Date assigned: ___________

New space assignment: ___________ Date assigned: ___________
9. OPERATION OF DISPLAYS
Exhibitors will be billed by Show Contractors for removal time and materials at prevailing rates. Materials unclaimed by the exhibitor will be charged at prevailing rates. Crates, boxes or other exhibit materials destroyed. Show Management assumes no responsibility for the contents of crates marked, will not be stored and returned to the booth by service contractors. It is the exhibitor's responsibility to mark and identify his crates. Crates not properly marked or identified may be destroyed. The exhibitor shall assume responsibility for the contents of crates improperly labeled as "empty." Because of the lack of storage facilities, it may be necessary to store empty crates and cartons outside the building. Every effort will be made to protect the exhibits from the elements. Exhibitors or their agents will assume responsibility for damage to them. The removal and return of large crates that cannot be handled by hand trucks will be charged at prevailing rates. Crates, boxes or other exhibit materials destroyed. Exhibitors shall be billed by Show Contractors for removal time and materials at prevailing rates.

10. SOCIAL ACTIVITIES. Exhibitors agree to withdraw sponsoring hospitality suites/rooms or other functions during official show activities, including exhibit hours, social functions, educational seminars or any other related activity scheduled by Show Management.

11. INSURANCE AND INDEMNIFICATION
Exhibitor, Hotel and WTSA each agree to carry and maintain evidence of liability and other insurance in amounts sufficient to provide coverage against any claims arising from any activities arising out of or resulting from the respective obligations pursuant to this contract. Exhibitor's insurance policy shall name Hotel and WTSA as additional insured. Damage to the Hotel premises by the Exhibitor or appointed contractors will be the Exhibitor's responsibility. Exhibitor will accept full responsibility for any damages resulting from any action or omissions of their individual staff or designated contractors in conjunction with the exhibit hall. The Hotel and WTSA is not responsible for any loss or damage in any way caused to, by any samples, displays, properties, or personal effects brought into the Hotel, and/or for the loss of equipment, exhibits or other materials left in or about the exhibit space.

12. CARE OF BUILDING AND EQUIPMENT. Exhibitors or their agents shall not injure or deface any part of the exhibit building, the booths, or booth contents or show equipment and décor. When such damage appears, the exhibitor is liable to the owner of the property so damaged. Exhibitors shall indemnify and hold harmless Show Management and facility against cost, expense, liability or damage which may be incured, to arise out of or be caused by Exhibitor's failure to comply with the Act.

14. OTHER REGULATIONS. Any and all matters not specifically covered by the preceding rules and regulations shall be subject solely to the decision of Show Management. SHOW MANAGEMENT SHALL HAVE FULL POWER TO INTERPRET, AMEND, AND ENFORCE THESE RULES AND REGULATIONS PROVIDED EXHIBITORS RECEIVE NOTICE OF ANY AMENDMENTS WHEN MADE. EACH EXHIBITOR AND ITS EMPLOYEES AGREES TO ABIDE BY THE FOREGOING RULES AND REGULATIONS AND BY ANY AMENDMENTS OR ADDITIONS TO THE FOREGOING RULES AND REGULATIONS. ANY REPRESENTATIVE WHO FAIL TO OBSERVE THESE CONDITIONS OF CONTRACT OR WHO, IN THE OPINION OF SHOW MANAGEMENT, CONDUCT THEMSELVES UNETHICALLY MAY IMMEDIATELY BE DISMISSED FROM THE EXHIBIT AREA WITHOUT REFUND OR OTHER APPEAL.*

* See Exhibit Space Application for official address. See Event Calendar for dates and times.
WTSA EXHIBITOR ROOMING LIST
46th ANNUAL MEETING
JUNE 24-27, 2020 • Vail Marriott Mountain • Vail, Colorado

This form is to be used to provide the WTSA staff with your company hotel rooming list. We use this for reference only.

You will still need to make your reservations with the hotel.

Room listing form must be received by show management May 22, 2020, 5:00 pm, EST
Please make sure you make your reservations with the hotel.

Contact Person: 

Company Name:  

Address: 

City/State/Zip/Country:  

Telephone:  E-mail: 

Please indicate the names and arrival and departure dates of each of your staff attending the WTSA meeting.

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<th>NAME</th>
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<th>Arrival Date</th>
<th>Departure Date</th>
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Western Thoracic Surgical Association
46th Annual Meeting • June 24-27, 2020 • Vail Marriott Mountain • Vail, Colorado