



# 103rd Annual Meeting



May 6-9, 2023  
Los Angeles Convention Center  
Los Angeles, CA, USA

## Affiliate Function Space Request Form

### FUNCTION DETAILS

Company / Group \_\_\_\_\_ Exhibitor Name (if representing a different Company) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Onsite Contact \_\_\_\_\_

Onsite Contact Mobile \_\_\_\_\_ Onsite Contact Email \_\_\_\_\_ Fax \_\_\_\_\_

By signing this document, the exhibitor agrees that this is a legally binding contract and that 50% advanced payment is due with this agreement and the balance is due by **January 10, 2023**. Written cancellations received after **January 10, 2023** will not receive a refund. In the event of cancellation prior to **January 10, 2023**, a refund less 25% will be issued unless the support is resold at the full amount. All artwork must be submitted to the AATS for approval prior to use.

#### Requested Date

- Thursday, May 4, 8:00AM-8:00PM
- Friday, May 5, After 5:00PM
- Saturday, May 6, Before 8:00AM
- Saturday, May 6, After 7:00PM
- Sunday, May 7, Before 7:30AM
- Sunday, May 7, After 6:00PM
- Monday, May 8, Before 7:30AM
- Tuesday, May 9, Before 7:30AM

#### Requested Time

- Start \_\_\_\_\_  AM  PM Finish \_\_\_\_\_  AM  PM
- Start \_\_\_\_\_  AM  PM Finish \_\_\_\_\_  AM  PM
- Start \_\_\_\_\_  AM  PM Finish \_\_\_\_\_  AM  PM
- Start \_\_\_\_\_  AM  PM Finish \_\_\_\_\_  AM  PM
- Start \_\_\_\_\_  AM  PM Finish \_\_\_\_\_  AM  PM
- Start \_\_\_\_\_  AM  PM Finish \_\_\_\_\_  AM  PM
- Start \_\_\_\_\_  AM  PM Finish \_\_\_\_\_  AM  PM

#### Meeting Type

- Business Meeting  Staff Meeting  Social Event
- Dinner  Reception  Other \_\_\_\_\_

#### Room Setup

- Banquet/Rounds  Hollow Square  Classroom
- U-shape  Reception  Podium  Stage
- Theater  Conference  Head Table # ppl \_\_\_\_\_

#### Food / Beverage Needed: Yes No

- If yes, type:  Breakfast  Lunch  Dinner  
 Reception  AM Break  PM Break

Event Name (as it will appear on electronic signage if available) \_\_\_\_\_

### Function Room Pricing

All events are priced per estimated attendance with a maximum of 2 hours. An additional \$500 will be charged with each additional hour scheduled. Off-site events are subject to the fees below.

Function Type	Number of People	For Profit	Non-Profit	Expected Attendance
Event/Meeting	1-25	<input type="checkbox"/> \$4,600	<input type="checkbox"/> \$860	_____
Event/Meeting	26-50	<input type="checkbox"/> \$6,900	<input type="checkbox"/> \$1,725	_____
Event/Meeting	51-100	<input type="checkbox"/> \$9,200	<input type="checkbox"/> \$2,300	_____
Event/Meeting	101 or more	<input type="checkbox"/> \$13,800	<input type="checkbox"/> \$2,875	_____
Staff/Board Meeting	11-150 (Saturday only)	<input type="checkbox"/> \$2,300	<input type="checkbox"/> \$575	_____

Comments / Room Preferences \_\_\_\_\_

### PAYMENT INFORMATION

**Fees are payable via credit card or check.** 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.

DO NOT EMAIL. This form must be faxed if credit card number is showing. **Secure Fax: 978-522-8469**

Checks must be drawn on a U.S. bank and are payable to: American Association for Thoracic Surgery

**Total Fee Due \$** \_\_\_\_\_  Check # \_\_\_\_\_  MasterCard  Visa  American Express

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on the card \_\_\_\_\_

Billing Contact Name \_\_\_\_\_ Billing Contact Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Billing Address  Same as Above  Different Address Provided Here

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Signature (I authorize AATS to charge my credit card the above fees) \_\_\_\_\_

**Wire Transfer:** Please call our offices at 978-252-2200 for wiring information. Wire fees will be added to invoice.

### COMPLETE AND RETURN TO:

Caroline Arrington, Industry Relations Manager, industry@aats.org  
American Association for Thoracic Surgery, 800 Cummings Center, Suite 350-V, Beverly, MA 01915 USA  
Phone: 978-252-2200 Fax: 978-522-8469 **We do not accept credit card payments via email**

**STAFF USE ONLY**

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Authorized Approval