



HAWAII THORACIC SOCIETY
Chapter of The American Thoracic Society

10th Annual Symposium: Current Concepts in Pulmonary and Critical Care
February 14-17, 2010

Exhibitor and Sponsorship Application

<input checked="" type="checkbox"/>	Opportunity	Fee (US Dollars)	Number Available	Amount Due
	Continental Breakfast <i>(each day for all participants)</i>	\$2,000	4	\$
	Meet the Faculty Luncheon <i>(limited to 40 participants)</i>	\$2,000	1	\$
	Break <i>(2 each day)</i>	\$800	8	\$
	Welcome Reception <i>(Sunday evening, February 14)</i>	\$5,000	1	\$
	Internet Access <i>(for duration of Symposium)</i>	\$1,000	unlimited	\$
	Exhibitor <i>(10x10 space with 6-foot table and 2 chairs)</i>	\$1,000	15	\$

Exhibitor/Sponsor

Organization Name: _____
 Mailing Address: _____
 City, State Zip: _____
 Telephone Number: _____
 Website (URL): _____

Principal Contact/Representative

Name: _____
 Job Title: _____
 Mailing Address:
(if different from above) _____
 Telephone Number: _____
 FAX Number: _____
 e-Mail Address: _____

Exhibitor/Sponsor Acceptance: I am an authorized representative of the above-named company with the full power and authority to sign and deliver this application. The company agrees to comply with all of the Terms and Conditions set out herein.

Signature: _____ Date: _____

