

20th Annual WTS Chest Conference & Winter Lung Day

January 22 – 24, 2010

INFORMATION FOR PROSPECTIVE EXHIBITORS

INTRODUCTION:

The Washington Thoracic Society (WTS) is a professional and scientific society for respiratory and critical care medicine which prevents and fights respiratory disease through research, education, patient care and advocacy.

We invite you to exhibit at The 2010 WTS Chest Conference & Winter Lung Day and Annual Meeting, being held at the Enzian Inn, a Bavarian-style hotel located in Leavenworth, Washington.

EXHIBITING INFORMATION

Exhibit Dates:..... 1/22/10 to 1/24/10

Location:..... Enzian Inn, Leavenworth, Washington

Expected Attendance: ~125 Physicians, ARNPs, RNs and Respiratory Therapists

Fees: OPTION 1 - \$1,500 for Lower Lobby one 72 x 30 inch table (5 available)

OPTION 2 - \$1,000 for Bavarian Room one 72x30-inch table (7 available)

Exhibit Set-up:	January 22, 2010	9:30am to 1:30pm
Exhibit hours:	January 22, 2010	2:00pm to 5:00pm
	January 23, 2010	7:00am to 8:00am, 9:30am to 9:45am, 12:00pm to 4:00pm
	January 24, 2010	7:00am to 8:00am, 10:30am to 10:45am
Exhibit Dismantle	January 24, 2010	by 12:00pm

If you are interested in exhibiting opportunities, please complete the application on the next page. We look forward to your participation at the **20th Annual WTS Chest Conference & Winter Lung Day**. This event promises to be exciting and we greatly appreciate your support!

If you have questions about exhibiting at this event, please contact Stacy Blackshaw by January 8, 2010 at sblackshaw@thoracic.org or by telephone at (212) 315-8699.

Sincerely,
Curtis F. Veal, Jr., MD
Washington Thoracic Society

EXHIBITOR APPLICATION FORM
Washington Thoracic Society
Chapter of the American Thoracic Society (www.thoracic.org)

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Information for Exhibitors:.....The exhibit area is designed for a tabletop displays only. Should you require additional space for equipment or display material, we ask that you purchase multiple space options in the Bavarian Room.

Spaces are chosen by each exhibitor on a first come basis once payment is received.

EXHIBITOR CONTACT & PERSONNEL:

Name of person submitting this form:.....

Name(s) of person (s) staffing the exhibit:

Services and products intended for exhibit: ..

Company/Org.....

Address:.....

Address:.....

Tel:.....

Fax:.....

Email:.....

Company/Org:

PAYMENT INFORMATION (Please check appropriate boxes below):

We would like to exhibit at the following level:

OPTION 1 - \$1,500 for Lower Lobby one 72 x 30 inch table

OPTION 2 - \$1,000 for Bavarian Room one 72x30-inch table

#_____ of tabletops requested (multiples only allowed in Bavarian Room)

Exhibit fee is enclosed.. Total \$_____

Check (*make checks payable to American Thoracic Society*)

Credit card ...Check one: Visa MasterCard American Express

Number:

Expiration date:

Security code:

Authorized signature: _____

Exhibit fee will follow. (All payments must be received prior to the start of the conference)

Please explain:

ATS Tax ID#06-1548706

Please email or fax completed form and direct questions to:

Stacy Blackshaw, CEM
American Thoracic Society
61 Broadway, 4th Floor
New York, NY 10006

Attn: 20th Annual WTS Chest Conference & Winter Lung Day
Email:sblackshaw@thoracic.org * Tel: (212) 315-8699 * Fax (212) 315-8653