

**Application for Exhibit Space
25th Annual Meeting
March 8 – 12, 2012**

**General Thoracic Surgical Club
Rancho Bernardo Inn Golf Resort & Spa
San Diego, California**

Please complete and mail with check payable to: General Thoracic Surgical Club, Mark S. Allen, M.D., 200 First Street, SW, Rochester, MN 55905. Credit card payments with application can be faxed to (507) 284-0058 or sent electronically to blemmerman@mayo.edu or cmaclean@mayo.edu

Tabletop Display only – (1) 6 foot table

<p>Contact Person: _____</p> <p>Title: _____</p> <p>Company: _____</p> <p>Address: _____</p> <p>_____</p> <p>City, State, Zip: _____</p> <p>Phone (____) _____ Fax (____) _____</p> <p>Email address: _____</p>	<p>Payment is due at the time of application for exhibit space. Deadline February 1, 2012</p> <p><input type="checkbox"/> Check enclosed for \$ _____ Check payable to: General Thoracic Surgical Club</p> <p>Credit Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa</p> <p>Amount to be charged \$ _____</p> <p>_____</p> <p>Credit Card Number</p> <p>_____</p> <p>Expiration Date</p> <p>_____</p>
<p>Exhibit Space Fee: (1) 6 foot table: Non-refundable fee \$6,000.00. This fee allows two company representatives to attend.</p> <p>Exhibit to be listed in the program as follows:</p> <p>Company Name: _____</p> <p>_____</p> <p>City and State: _____</p> <p>_____</p> <p>Name of representatives attending #1 _____ #2 _____</p>	<p>Billing address if different than contact address</p> <p>_____</p> <p>Name as is appears on the credit card</p> <p>_____</p> <p>Cardholder's Signature</p> <p>_____</p> <p>Authorized Signature Required</p> <p>_____</p> <p>Print Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <div style="background-color: #cccccc; padding: 5px;"> <p>(for office use only)</p> <p>Date Received:</p> <p>Amount Received:</p> <p>Accepted by the General Thoracic Surgical Club</p> <p>Signed: _____</p> </div>