



Marketing Support Form

Company / Exhibitor _____

Contact _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ Fax _____ Email for Contact _____

Authorized Signature _____

Once we receive your application, an invoice representing 50% of the estimated amount will be generated. Final payment is due by **July 20, 2026**. For cancellations or downgrades prior to **July 20, 2026**, the exhibitor will be refunded their deposit minus a 25% processing fee. For cancellations on or after **July 20, 2026**, no refunds will be issued, and exhibitor will be responsible for paying the remaining balance.

Please check the appropriate support opportunity:

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Hotel Room Door Drop | \$6,500 | <input type="checkbox"/> Housing & Registration Confirmation Email Banner | \$25,000 |
| <input type="checkbox"/> Hotel Wi-Fi | \$45,000 | <input type="checkbox"/> Know Before You Go Email Banner Advertisement | \$25,000 |
| <input type="checkbox"/> Hotel Keycards | \$32,500 | <input type="checkbox"/> Charging Station | \$15,000 |
| <input type="checkbox"/> Welcome Reception | \$32,500 | <input type="checkbox"/> Affiliate Function Meeting Space | \$3,500 |
| <input type="checkbox"/> Hotel Branding | \$ _____ | <input type="checkbox"/> Social Media Wall | \$17,000 |
| <input type="checkbox"/> Lunch Symposium | \$35,000 | <input type="checkbox"/> Speaker Ready Room Welcome Table | \$20,000 |
| <input type="checkbox"/> Post-Event Social Media Post | \$7,500 | <input type="checkbox"/> Meet Your Mentors Program | \$17,000 |
| <input type="checkbox"/> Post-Event Dedicated Email | \$15,000 | | |

Total Support Fee Due \$ _____

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: AATS Aortic26.

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) _____ Date _____

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

STAFF USE ONLY

Authorized Approval

COMPLETE AND RETURN TO:

Caroline Arrington, Sr. Manager, Industry Relations, industry@aats.org
American Association for Thoracic Surgery, 10304 Eaton Place, Suite 100 #1035, Fairfax, VA 22030
Phone: 978-252-2200 Fax: 978-522-8469 **We do not accept credit card payments via email.**

