



## 79th ANNUAL TRISTATE THORACIC SOCIETY CONFERENCE EXHIBITORS AGREEMENT FORM

**2024 Exhibitors fees are \$1250.** Exhibitors will receive the following with payment:

- 6-foot display table
- Vendor badges
- Complimentary breakfast each day for 2 representatives

**Exhibitor/Conference Attendee Interaction** times are scheduled:

- Friday morning break 9:45 am – 10:30 am
- Friday evening social hour 5:45 pm – 6:45 pm (*cash bar*)
- Saturday morning break 9:45 am – 10:15 am

### Vendor Information:

- We can accommodate 16 Exhibitors in the space. Exhibitors are confirmed when payment is received. This year we will have Exhibitors in the Stateroom to allow for more free movement.
- Displays may be set up Thursday evening, or Friday prior to the am break session.
- Exhibitors may join the conference at the back of the room. Company logos may **NOT** be worn or displayed in any form during this time. Representatives wishing to receive CME accreditation for attending the conference must pay the full conference registration fee.
- To reserve lodging at the Landmark Resort, please reference the Room Resreservation Request Form at [www.tristatethoracicsociety.com](http://www.tristatethoracicsociety.com).
- Exhibitor Fees are due by August 26, 2024. No refunds are given for cancellations.
- Payment:
  - **By Check payable to: Tristate Thoracic Society.** Mail to: Jae Werndli, Executive Secretary, K4/912 CSC MC9988, 600 Highland Avenue, Madison, WI 53792.
  - By Credit Card- contact Kris Frawley at [kfrawley@medicine.wisc.edu](mailto:kfrawley@medicine.wisc.edu).
  - Please visit our website at [www.tristatethoracicsociety.com](http://www.tristatethoracicsociety.com) to find Federal Tax Form W-9. Our Federal Tax ID number is 05-0583382.

On Behalf of \_\_\_\_\_ (Exhibiting Organization), I

acknowledge receipt of the above information. Our Organization will be represented at the conference by:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signing Individual: \_\_\_\_\_ Date \_\_\_\_\_

Please return this form by fax: 608-298-5003 or email: [jewerndli@medicine.wisc.edu](mailto:jewerndli@medicine.wisc.edu)