



MICHIGAN SOCIETY OF THORACIC & CARDIOVASCULAR SURGEONS

**ANNUAL SUMMER CONFERENCE
PARK PLACE HOTEL, TRAVERSE CITY
AUGUST 5-8, 2010**

SPONSORSHIP/EXHIBITOR APPLICATION

We hereby apply for sponsorship/exhibit space for our use at Park Place Hotel in Traverse City, MI. We agree to comply with the guidelines as provided by the Michigan Society of Thoracic & Cardiovascular Surgeons (MSTCVS). We understand that, upon acceptance of this application by MSTCVS, a contract consisting of this application and all terms incorporated by reference herein will be in full force and effect. Booths will be assigned by MCACS staff. **Payment, in full, must accompany this application. In order to secure booth space, receipt of this application and payment must be NO LATER THAN JULY 2, 2010.**

EXHIBITOR COMPANY NAME: _____

PRODUCT OR SERVICE TO BE EXHIBITED: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

CONTACT PERSON: _____ **EMAIL:** _____

OFFICE PHONE: _____ **CELL:** _____ **FAX:** _____

SPONSORSHIPS

(SEE NEXT PAGE FOR SPONSORSHIP BENEFITS & DETAILS)

GOLD - \$3,500 **SILVER - \$2,500** **BRONZE - \$2,000** **EXHIBITOR - \$1,500**

EXHIBIT REPRESENTATIVES

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____

NAME: _____ **PHONE:** _____ **(FOR SPONSORS ONLY- ALL OTHERS \$375)**

NAME: _____ **PHONE:** _____ **(FOR SPONSORS ONLY- ALL OTHERS \$375)**

PLEASE ENCLOSE YOUR PAYMENT WITH THIS FORM TO CONFIRM YOUR BOOTH SPACE NO LATER THAN JULY 2, 2010.

CHECK ENCLOSED **VISA** **MASTERCARD**

CC#: _____ **EXP. DATE:** _____

NAME ON CARD: _____ **AUTHORIZED SIGNATURE:** _____

BILLING ADDRESS: _____

**MAIL COMPLETED FORM WITH CREDIT CARD NUMBER OR CHECK MADE PAYABLE TO:
MSTCVS, 120 W. SAGINAW, EAST LANSING, MI 48823
TAX ID # 38-3071615**

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ANGIE KEMPPAINEN, EXECUTIVE DIRECTOR,
AT 517-336-7586 OR AKEMPPAINEN@MSMS.ORG.**

