



## INDUSTRY-SUPPORTED SYMPOSIUM APPLICATION

- |   |                    |             |
|---|--------------------|-------------|
| <input type="checkbox"/> Thursday, June 23 <sup>rd</sup> Lunch  | Cardiac/ Thoracic  | \$15,000.00 |
| <input type="checkbox"/> Friday June 24 <sup>th</sup> Breakfast | Cardiac/ Thoracic  | \$10,000.00 |
| <input type="checkbox"/> Friday June 24 <sup>th</sup> Lunch     | Cardiac / Thoracic | \$15,000.00 |

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|                          |                                  |
|--------------------------|----------------------------------|
| Exact Title of Symposium | Name of Accrediting Organization |
|--------------------------|----------------------------------|

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|                         |              |
|-------------------------|--------------|
| Sponsoring Company Name | Contact Name |
|-------------------------|--------------|

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|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

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|-------|-----|-------|
| Phone | Fax | Email |
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**Brief Description of Symposia Topic and Proposed Faculty:**

  
  
  

\* Symposium acceptance is subject to final approval by the WTSA Scientific Program Committee

\* Times subject to change based on final program

Once space has been assigned and confirmed by WTSA you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. Each sponsor is responsible for all charges to the facility. By signing below you are authorizing WTSA to charge the total fee indicated on this form to your credit card.

**PAYMENT METHOD**

Check Amount Enclosed: \$ \_\_\_\_\_

Credit Card     American Express     MasterCard     Visa        Amount to be charged: \$ \_\_\_\_\_

**Once your agreement is received we will issue a confirmation with an on line payment link.**

**WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.**

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|                      |            |       |
|----------------------|------------|-------|
| AUTHORIZED SIGNATURE | PRINT NAME | TITLE |
|----------------------|------------|-------|

Complete and return to: [industry@westernthoracic.org](mailto:industry@westernthoracic.org)  
 500 Cummings Center, Suite 4400  
 Beverly, MA 01915 USA | Phone: 978-927-8330 |