

ATS 2011 INTERNATIONAL CONFERENCE



EVENT AUDIT

DATES OF EVENT:
 Conference: May 13-18, 2011
 Exhibition: May 15-17, 2011

LOCATION: Colorado Convention Center Denver, CO

EVENT PRODUCER/MANAGER:
 Company Name: American Thoracic Society
 Address: 61 Broadway, 4th floor
 New York, NY 10006-2755
 Phone: 212-315-8699
 Website (Show): <http://conference.thoracic.org>

REGISTRATION COMPANY: Convention Data Services (CDS)
 Phone: 508-743-0182

YEAR EVENT ESTABLISHED: 1905

FREQUENCY: Annual

DATES OF NEXT EVENT:
 Conference: May 18-23, 2012

LOCATION: San Francisco, CA



We help the world breathe
 PULMONARY • CRITICAL CARE • SLEEP

1. STATEMENT OF MARKET SERVED:

The ATS International Conference is a gathering of pulmonary, critical care and sleep clinicians and researchers. The Conference program presents developments in clinical practice; clinical, basic, and translation research; health advocacy; and patient and professional education. The ATS presents an interactive venue for the presentation of original research from scientific abstracts and provides clinicians and researchers the opportunity to interact and exchange ideas.

2. STATEMENT OF VERIFICATION METHODOLOGY:

No badges were pre-mailed before the show. Pre-registered attendees picked up their badge and credentials on-site via electronic will-call or by visiting a manned registration station. When arriving on-site they scanned the bar code in their confirmation or looked up their name at the self-registration kiosk to print their badge. At a manned station an attendant researched their record, verified them and then printed their badge. When the badge was printed, it created a time/date stamp at the same time that was captured within the electronic registration database. If a badge was re-printed the original data and time stamp was retained. Exhibitors and their support staff were not verified so all registration data was used for their count.

3. AUDITED VISITORS ANALYSIS

Year which Event was Held	Event Location	ATS Conference Attendees (includes session speakers)	Exhibit-Only Attendees	Sub-Total: Conference & Exhibit-Only Attendees	Guests *	Media	Exhibitors, Non-Exhibiting Sponsors & their Support Staff **	Total
2011	Denver, CO	10,963	36	10,999	254	73	1,491	12,817
2010	New Orleans, LA	11,807	52	11,859	392	62	1,412	13,725

* Guests' count based on registration data and includes both verified and non-verified data.

** Exhibitors' count based on registration data and includes both verified and non-verified data.



4a. SETTING (JOB FUNCTION)		
This is an analysis of 9,223 respondents or 83.9% who indicated their Setting (Job Function). Since an attendee could choose more than one response, the total number of responses has exceeded the total number of attendees.	NUMBER OF ATTENDEE RESPONSES	PERCENTAGE IDENTIFIED BY SETTING (JOB FUNCTION)
Allergy/Immunology _____	1,495	16.2
Anesthesiology _____	162	1.8
Basic Microbiology _____	154	1.7
Behavioral Science _____	85	0.9
Biochemistry _____	403	4.4
Biomedical Engineering _____	209	2.3
Biophysics _____	114	1.2
Biostatistics _____	151	1.6
Business Management _____	117	1.3
Cardiology (Adult) _____	230	2.5
Cardiology (Pediatric) _____	81	0.9
Cardiology (Other) _____	75	0.8
Cell and Molecular Biology _____	1,155	12.5
Clinical Microbiology _____	89	1.0
Critical Care (Adult) _____	2,417	26.2
Critical Care (Pediatric) _____	195	2.1
Critical Care (Other) _____	181	2.0
Environmental Medicine _____	205	2.2
Epidemiology _____	455	4.9
Family Medicine _____	51	0.6
Genetics _____	319	3.5
Geriatrics _____	49	0.5
Hospitalist _____	119	1.3
Immunology _____	704	7.6
Infectious Disease _____	476	5.2
Informatics/Info. Systems _____	56	0.6
Internal Medicine _____	1,096	11.9
Journalism _____	13	0.1
Law _____	9	0.1
Neonatology _____	105	1.1
Neuroscience _____	76	0.8
Nursing _____	106	1.1
Occupational Medicine _____	124	1.3
Oncology _____	180	2.0
Pathology _____	199	2.2
Pediatrics _____	502	5.4
Pharmacology _____	457	5.0
Pharmacy _____	128	1.4
Physical Therapy _____	60	0.7
Physician Assistant _____	22	0.2
Physiology, Cellular _____	348	3.8
Physiology, Integrative/Organ Systems _____	380	4.1
Preventive Medicine _____	67	0.7
Psychiatry _____	10	0.1
Psychology _____	45	0.5
Public Health _____	283	3.1
Pulmonary (Adult) _____	4,432	48.1
Pulmonary (Pediatric) _____	942	10.2
Radiology _____	81	0.9
Rehabilitation _____	159	1.7
Respiratory Therapy _____	647	7.0
Sleep Medicine _____	780	8.5
Social Sciences _____	29	0.3
Surgery _____	86	0.9
Veterinary Medicine _____	44	0.5
Other _____	315	3.4
TOTAL ATTENDEE RESPONSES	21,472	
Total Conference and Exhibit Only Attendees Identified by Setting (Job Function) _____	9,223	
Total Conference and Exhibit Only Attendees Not Identified by Setting (Job Function) _____	1,776	
TOTAL CONFERENCE & EXHIBIT-ONLY ATTENDEES	10,999	

4b. WORKSETTING (BUSINESS TYPE)			
WORKSETTING (BUSINESS TYPE)	TOTAL ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY WORKSETTING TYPE (BUSINESS TYPE)
Academic Institution, Private _____	1,471	13.4	15.9
Academic Institution, Public _____	2,585	23.5	27.9
Community Health Center _____	44	0.4	0.5
Government, Federal _____	180	1.6	1.9
Government, International _____	28	0.3	0.3
Government, Local _____	29	0.3	0.3
Government, State _____	37	0.3	0.4
Health Maintenance Organization _____	28	0.3	0.3
Industry/Pharma _____	1,123	10.2	12.1
Hospital, Community _____	598	5.4	6.5
Hospital, University _____	2,005	18.2	21.7
Hospital, Other _____	400	3.6	4.3
Military _____	30	0.3	0.3
Non-Government Organization _____	74	0.7	0.8
Practice, Group _____	233	2.1	2.5
Practice, Individual _____	163	1.5	1.8
Professional Society (employee) _____	14	0.1	0.2
Veteran Affairs _____	50	0.5	0.5
Other _____	166	1.5	1.8
Total Conference and Exhibit Only Attendees Identified by Worksetting (Business Type) _____	9,258	84.2	100.0
Total Conference and Exhibit Only Attendees Not Identified by Worksetting (Business Type) _____	1,741	15.8	
TOTAL CONFERENCE & EXHIBIT-ONLY ATTENDEES	10,999	100.0	

4c. EDUCATION/CREDENTIALS (1st CHOICE)			
EDUCATION/CREDENTIALS (1st CHOICE)	TOTAL ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY 1st EDUCATION/ CREDENTIAL TYPE
APRN _____	22	0.2	0.2
BA _____	133	1.2	1.4
BNSc _____	14	0.1	0.2
BPharm _____	19	0.2	0.2
BS _____	357	3.2	3.8
DDS _____	5	0.0	0.1
DO _____	97	0.9	1.0
DPhil _____	22	0.2	0.2
DrPH _____	77	0.7	0.8
DVM _____	36	0.3	0.4
JD _____	8	0.1	0.1
MA _____	40	0.4	0.4
MBA _____	76	0.7	0.8
MBBS _____	270	2.5	2.9
MBChB _____	109	1.0	1.2
MD _____	5,286	48.1	56.7
MHS _____	11	0.1	0.1
MPH _____	45	0.4	0.5
MS _____	306	2.8	3.3
MSN _____	28	0.3	0.3
PharmD _____	135	1.2	1.4
PhD _____	1,615	14.7	17.3
PT _____	30	0.3	0.3
RN _____	73	0.7	0.8
RRT _____	39	0.4	0.4
ScD _____	34	0.3	0.4
Other _____	441	4.0	4.7
Total Conference and Exhibit-Only Attendees Identified by 1st Choice - Education/Credential Type _____	9,328	84.8	100.0
Total Conference and Exhibit-Only Attendees Not Identified by 1st Choice - Education/Credential Type _____	1,671	15.2	
TOTAL CONFERENCE & EXHIBIT-ONLY ATTENDEES	10,999	100.0	

4c. EDUCATION/CREDENTIALS (2nd CHOICE)			
EDUCATION/CREDENTIALS (2nd CHOICE)	TOTAL ATTENDEES	PERCENT OF TOTAL	PERCENT IDENTIFIED BY 2nd EDUCATION/CREDENTIAL TYPE
APRN _____	21	0.2	1.0
BA _____	28	0.3	1.3
BNSc _____	8	0.1	0.4
BPharm _____	12	0.1	0.6
BS _____	40	0.4	1.9
DO _____	3	-	0.1
DPhil _____	5	-	0.2
DrPH _____	16	0.1	0.8
DVM _____	5	-	0.2
JD _____	1	-	-
MA _____	23	0.2	1.1
MBA _____	62	0.6	2.9
MBBS _____	29	0.3	1.4
MBChB _____	13	0.1	0.6
MD _____	207	1.9	9.8
MHS _____	23	0.2	1.1
MPH _____	238	2.2	11.2
MS _____	237	2.2	11.2
MSN _____	17	0.2	0.8
PharmD _____	17	0.2	0.8
PhD _____	754	6.9	35.6
PT _____	27	0.2	1.3
RN _____	40	0.4	1.9
RRT _____	25	0.2	1.2
ScD _____	15	0.1	0.7
Other _____	251	2.3	11.9
Total Conference and Exhibit-Only Attendees Identified by 2nd Choice - Education/Credential Type _____	2,117	19.2	100.0
Total Conference and Exhibit-Only Attendees Not Identified by 2nd Choice - Education/Credential Type _____	8,882	80.8	
TOTAL CONFERENCE & EXHIBIT-ONLY ATTENDEES	10,999	100.0	

5. AUDITED GEOGRAPHIC BREAKOUT OF CONFERENCE AND EXHIBIT ONLY ATTENDEES (DOMESTIC)					
STATE	TOTAL	PERCENT	STATE	TOTAL	PERCENT
NEW ENGLAND	637	5.8	Georgia _____	98	
Maine _____	9		Florida _____	126	
New Hampshire _____	16		EAST SO. CENTRAL	230	2.1
Vermont _____	24		Kentucky _____	44	
Massachusetts _____	424		Tennessee _____	102	
Rhode Island _____	39		Alabama _____	79	
Connecticut _____	125		Mississippi _____	5	
MIDDLE ATLANTIC	1,080	9.8	WEST SO. CENTRAL	272	2.5
New York _____	452		Arkansas _____	22	
New Jersey _____	197		Louisiana _____	32	
Pennsylvania _____	431		Oklahoma _____	14	
EAST NO. CENTRAL	815	7.4	Texas _____	204	
Ohio _____	260		MOUNTAIN	630	5.7
Indiana _____	57		Montana _____	7	
Illinois _____	279		Idaho _____	4	
Michigan _____	158		Colorado _____	465	
Wisconsin _____	61		New Mexico _____	45	
WEST NO. CENTRAL	315	2.9	Arizona _____	67	
Minnesota _____	147		Utah _____	37	
Iowa _____	48		Nevada _____	5	
Missouri _____	65		PACIFIC	830	7.5
North Dakota _____	2		Alaska _____	2	
South Dakota _____	2		Washington _____	139	
Nebraska _____	34		Oregon _____	62	
Kansas _____	17		California _____	620	
SOUTH ATLANTIC	1,016	9.2	Hawaii _____	7	
Delaware _____	14		UNITED STATES	5,838	53.1
Maryland _____	293		US territories (includes Puerto Rico, Guam and APO military bases) _____	13	0.1
Washington, DC _____	39		INTERNATIONAL	5,150	46.8
Virginia _____	72		Total Conference and Exhibit-Only Attendees Identified by Geographic Breakout _____	10,988	100.0
West Virginia _____	31		Total Conference and Exhibit-Only Attendees Not Identified by Geographic Breakout _____	11	0.1
North Carolina _____	309		Total Conference & Exhibit-Only Attendees	10,999	100.1
South Carolina _____	34				

5a. AUDITED GEOGRAPHIC BREAKOUT OF CONFERENCE AND EXHIBIT-ONLY ATTENDEES (INTERNATIONAL)					
COUNTRY	TOTAL	PERCENT	COUNTRY	TOTAL	PERCENT
ASIA	1,057	9.6	Serbia _____	3	
Azerbaijan _____	1		Slovakia _____	14	
Bangladesh _____	3		Slovenia _____	2	
China _____	208		Spain _____	122	
Christmas Island _____	1		Sweden _____	86	
Hong Kong - Sar _____	15		Switzerland _____	93	
India _____	80		Turkey _____	178	
Indonesia _____	15		Ukraine _____	1	
Japan _____	462		United Kingdom _____	575	
Korea - North _____	1		AFRICA	58	0.5
Korea Rep _____	98		Egypt _____	19	
Kyrgyzstan _____	1		Ethiopia _____	1	
Malaysia _____	1		Kenya _____	1	
Pakistan _____	2		Morocco _____	1	
Philippines _____	81		Nigeria _____	4	
Singapore _____	3		Republic of South Africa _____	28	
Sri Lanka _____	2		Tunisia _____	2	
Taiwan Roc _____	43		Uganda _____	2	
Thailand _____	35		NORTH AMERICA	6,493	59.0
Vietnam _____	5		Canada _____	546	
MIDDLE EAST	108	1.0	United States of America _____	5,838	
Bahrain _____	2		Mexico _____	109	
Israel _____	38		CARIBBEAN	17	0.2
Jordan _____	6		Barbados _____	1	
Kuwait _____	5		Dominican Republic _____	4	
Lebanon _____	2		Grenada _____	1	
Oman _____	1		Jamaica _____	1	
Qatar _____	6		Netherlands Antilles _____	4	
Saudi Arabia _____	35		The Bahamas _____	1	
United Arab Emirates _____	15		Trinidad and Tobago _____	5	
EUROPE	2,533	23.0	CENTRAL AMERICA	26	0.2
Austria _____	29		Costa Rica _____	12	
Belgium _____	81		El Salvador _____	4	
Bulgaria _____	11		Guatemala _____	3	
Croatia _____	5		Honduras _____	4	
Czech Republic _____	48		Nicaragua _____	1	
Denmark _____	22		Panama _____	2	
Estonia _____	7		SOUTH AMERICA	466	4.2
Finland _____	14		Argentina _____	76	
France _____	369		Brazil _____	232	
Germany _____	315		Chile _____	6	
Greece _____	44		Colombia _____	52	
Hungary _____	5		Ecuador _____	34	
Iceland _____	8		Peru _____	25	
Ireland _____	81		Uruguay _____	6	
Italy _____	147		Venezuela _____	35	
Latvia _____	4		ASIA PACIFIC	230	2.1
Lithuania _____	1		Australia _____	200	
Luxembourg _____	1		French Polynesia _____	1	
Netherlands _____	163		New Zealand _____	29	
Norway _____	17		Total Conference and Exhibit-Only Attendees Identified by Geographic Breakout _____	10,988	99.9
Poland _____	30		Total Conference and Exhibit-Only Attendees Not Identified by Geographic Breakout _____	11	0.1
Portugal _____	14		Total Conference & Exhibit-Only Attendees	10,999	100.0
Romania _____	24				
Russian Federation _____	19				


ATS 2011 • DENVER	REGISTRATION FORM	PAGE A
BADGES ARE REQUIRED TO ATTEND ALL CONFERENCE SESSIONS AND EVENTS		
1 NAME/BADGE AND ADDRESS INFORMATION * Required information		
▲ FIRST GIVEN NAME* ▲ MI* ▲ LAST FAMILY NAME* ▲ DATE OF BIRTH <small>mm / dd / yyyy</small> ▲ GENDER <input type="checkbox"/> M <input type="checkbox"/> F		
▲ PROFESSIONAL TITLE*		
▲ MAILING ADDRESS* THIS IS: <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE		
▲ CITY* ▲ STATE/COUNTRY* ▲ ZIP/POSTAL CODE*		
▲ INSTITUTION, AGENCY*		
▲ OFFICE TELEPHONE* ▲ FAX NUMBER		
▲ E-MAIL ADDRESS*		
▲ MEMBER ID NUMBER (if applicable)*		
▲ NAME OF SPOUSE/PARTNER/GUEST (FOR BADGE) (See Part 3 for registration fee.)		
<input type="checkbox"/> Check if attending the International Conference for the first time. <input type="checkbox"/> I have received a Research Program Award from the American Thoracic Society. <input type="checkbox"/> Check if you do not want your contact information available to exhibitors.		
SPECIAL SERVICES		
<input type="checkbox"/> SPECIAL NEEDS under the Americans with Disabilities Act. <input type="checkbox"/> DIETARY NEEDS for Postgraduate Courses, Meet the Professor Seminars, and Workshops only. <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian		
2 PROFESSIONAL ACTIVITIES * Required information		
The information collected below is to aid the ATS in the planning of future International Conferences.		
A. Education/Credentials (Indicate up to 3 in preferred order for badge.)*		
___ 01 APRN ___ 02 BA ___ 03 BNSc ___ 04 BPharm ___ 05 BS ___ 06 DDS ___ 07 DO ___ 08 D Phil ___ 09 DPH ___ 10 DVM ___ 11 JD ___ 12 MA ___ 13 MBA ___ 14 MBBS ___ 15 MBSChB ___ 16 MD ___ 17 MHS ___ 18 MPH ___ 19 MS ___ 20 MSN ___ 21 PharmD ___ 22 PhD ___ 23 PT ___ 24 RN ___ 25 RRT ___ 26 ScD ___ 27 Other: _____	___ 10 Hospital, Community ___ 11 Hospital, University ___ 12 Hospital, Other ___ 13 Military ___ 14 Non-Government Organization ___ 15 Practice, Group ___ 16 Practice, Individual ___ 17 Professional Society (employee) ___ 18 Veteran Affairs ___ 19 Other: _____	___ 36 Pediatrics ___ 37 Pharmacology ___ 38 Pharmacy ___ 39 Physical Therapy ___ 40 Physician Assistant ___ 41 Physiology, Cellular ___ 42 Physiology, Integrative/Organ System ___ 43 Preventive Medicine ___ 44 Psychiatry ___ 45 Psychology ___ 46 Public Health ___ 47 Pulmonary (Adult) ___ 48 Pulmonary (Pediatric) ___ 49 Radiology ___ 50 Rehabilitation ___ 51 Respiratory Therapy ___ 52 Sleep Medicine ___ 53 Social Sciences ___ 54 Surgery ___ 55 Veterinary Medicine ___ 56 Other: _____
B. Work Setting (check one)*		
___ 01 Academic Institution, Private ___ 02 Academic Institution, Public ___ 03 Community Health Center ___ 04 Government, Federal ___ 05 Government, International ___ 06 Government, Local ___ 07 Government, State ___ 08 Health Maintenance Organization ___ 09 Industry/Pharma	___ 25 Infectious Disease ___ 26 Informatics/Info. Systems ___ 27 Internal Medicine ___ 28 Journalism ___ 29 Law ___ 30 Neonatology ___ 31 Neuroscience ___ 32 Nursing ___ 33 Occupational Medicine ___ 34 Oncology ___ 35 Pathology	C. Specialties (check all that apply)* ___ 01 Allergy/Immunology ___ 02 Anesthesiology ___ 03 Basic Microbiology ___ 04 Behavioral Science ___ 05 Biochemistry ___ 06 Biomedical Engineering ___ 07 Biophysics ___ 08 Biostatistics ___ 09 Business Management ___ 10 Cardiology (Adult) ___ 11 Cardiology (Pediatric) ___ 12 Cardiology (Other) ___ 13 Cell & Molecular Biology ___ 14 Clinical Microbiology ___ 15 Critical Care (Adult) ___ 16 Critical Care (Pediatric) ___ 17 Critical Care (Other) ___ 18 Environmental Medicine ___ 19 Epidemiology ___ 20 Family Medicine ___ 21 Genetics ___ 22 Geriatrics ___ 23 Hospitalist ___ 24 Immunology
D. Professional Activities (check all that apply)* ___ 01 Administration/Management ___ 02 Clinical Practice ___ 03 Health Policy ___ 04 Health Regulation ___ 05 Marketing ___ 06 Quality Assurance ___ 07 Research, Basic Science ___ 08 Research, Clinical ___ 09 Research, Epidemiology ___ 10 Teaching/Education ___ 11 Technical/Technician ___ 12 Other: _____		
E. Indicate how much of your time is spent seeing patients (check one.)* ___ <30% ___ 30-39% ___ 40-49% ___ 50-59% ___ 70-79% ___ 80-89% ___ 90-100% ___ None		
REGISTER & RESERVE HOTEL		
BY INTERNET: http://www.thoracic.org/go/international-conference		
BY MAIL: ATS 2011 c/o Convention Data Services 107 Waterhouse Road, Bourne, MA 02532		
BY TELEPHONE: Credit Cards Only 866-635-3582 (9am-5pm Eastern Time) 508-743-8518 (outside the U.S. & Canada) 508-743-8519 (International groups of 10 or more)		
BY FAX: 24-Hours, Credit Cards Only 508-743-9673		
METHODS OF PAYMENT		
<input type="checkbox"/> CHECK OR MONEY ORDER: Make check or money order payable to American Thoracic Society. NO VOUCHERS, PURCHASE ORDERS OR WIRE TRANSFERS ACCEPTED. (Any checks received drawn on an overseas bank will be returned.)		
<input type="checkbox"/> CREDIT CARD*: Credit Card information required to confirm hotel reservation.		
<input type="checkbox"/> MC <input type="checkbox"/> AmEx <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> JCB <input type="checkbox"/> Diner's Club		
▲ CREDIT CARD NUMBER ▲ EXP. DATE (mm/yyyy)		
▲ SIGNATURE		
▲ PRINT NAME AS IT APPEARS ON CARD		
PAYMENT <i>All fees must be paid in U.S. Dollars</i>		
TOTAL REGISTRATION FEES \$ (FROM PART 3)		
SERVICE CHARGE \$18.00 \$ (REQUIRED)		
TOTAL PAYMENT \$		
Adjustment Clause: In the event that the total amount due is miscalculated on this form, ATS reserves the right to audit or adjust any total charges due.		
FOR OFFICE USE ONLY		
#	Amount	
Date	Check#	

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STATEMENT OF CERTIFICATION – AUDIT CONDUCTED BY BPA WORLDWIDE

We have examined the attendee records of **ATS 2011 International Conference** for the date and location of the show/event as reported in this BPA Event Audit Report. Our examination was made in accordance with generally accepted event auditing standards. This audit complies with standards set forth by the Exhibition and Event Industry Audit Commission (EEIAC), a not-for-profit corporation organized for the purpose of managing and overseeing the exhibition industry's independent audit process. The audit process includes pre-event review of systems, on-site inspection, post event confirmations of attendance, examination of accounting records, and any other auditing procedures considered necessary. Based on such examinations, the statements set forth in this report represent fairly and accurately, the total attendance of this event in conformance with generally accepted event measurement principles.

BPA Worldwide TYPE: EVENT AUDIT
 Shelton CT ID Number: E918XOM1
 June 30, 2011