WHO ATTENDS

Attendance By Category

Professional Attendees

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>1,702</td>
<td>1,984</td>
<td>1,747</td>
</tr>
<tr>
<td>Research Scientist</td>
<td>335</td>
<td>392</td>
<td>357</td>
</tr>
<tr>
<td>Physician Assistant</td>
<td>15</td>
<td>17</td>
<td>30</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>30</td>
<td>39</td>
<td>28</td>
</tr>
<tr>
<td>Physical Therapist</td>
<td>15</td>
<td>17</td>
<td>30</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>2</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>Nurse</td>
<td>807</td>
<td>764</td>
<td>896</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>92</td>
<td>86</td>
<td>62</td>
</tr>
<tr>
<td>CPHQ</td>
<td>24</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Non-Healthcare Professional</td>
<td>178</td>
<td>152</td>
<td>158</td>
</tr>
<tr>
<td>Administrator</td>
<td>86</td>
<td>96</td>
<td>118</td>
</tr>
<tr>
<td>EMT/Paramedic</td>
<td>8</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Other Healthcare Professional</td>
<td>182</td>
<td>157</td>
<td>245</td>
</tr>
<tr>
<td>Technician</td>
<td>53</td>
<td>42</td>
<td>47</td>
</tr>
<tr>
<td><strong>Total Professionals</strong></td>
<td><strong>3,532</strong></td>
<td><strong>3,781</strong></td>
<td><strong>3,760</strong></td>
</tr>
</tbody>
</table>

Other Attendees

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibitors</td>
<td>416</td>
<td>449</td>
<td>388</td>
</tr>
<tr>
<td>Spouse/Exhibits Only</td>
<td>42</td>
<td>58</td>
<td>63</td>
</tr>
<tr>
<td>AHA Staff/Suppliers</td>
<td>155</td>
<td>151</td>
<td>213</td>
</tr>
<tr>
<td>Press/Media</td>
<td>47</td>
<td>41</td>
<td>34</td>
</tr>
<tr>
<td><strong>Total Other</strong></td>
<td><strong>660</strong></td>
<td><strong>81</strong></td>
<td><strong>688</strong></td>
</tr>
<tr>
<td><strong>Total Professionals</strong></td>
<td><strong>4,192</strong></td>
<td><strong>4,561</strong></td>
<td><strong>4,458</strong></td>
</tr>
</tbody>
</table>

DON’T MISS an opportunity to be a part of this gathering of influential physicians, scientists and researchers who are committed to the latest developments in cardiovascular disease and stroke.

INTERNATIONAL STROKE CONFERENCE

2014

Feb. 12 – 14, 2014 • San Diego, CA

Total Professional vs. Professional International Attendance

Domestic Attendance vs. International Attendance 2012

Attendance by Domestic Region
The American Stroke Association’s International Stroke Conference 2014 in San Diego will be a gathering of influential physicians, scientists and researchers who are committed to the latest developments in cardiovascular disease and stroke. The Science and Technology Hall provides a unique extension of their educational experience as they review the products and services designed for this important specialty.

Why you should exhibit?
• The International Stroke Conference is the largest meeting of its kind
• Your customers and prospects are here.
• Attendees look at the Science & Technology Hall as an extension of our extensive education and program offering

Exhibitor Benefits
• Direct access to 4,000 health care professionals during the five hours of unopposed Science & Technology Hall Time
• Access to a complimentary final registration list for the ISC 2013 and access to the ISC 2014 Advance Registration list for booth mailers
• Allotted complimentary company registration badges and unlimited exhibits-only badges
• Access to negotiated housing rates
• Opportunity to participate in any AHA/ASA promotional opportunities outlined in this prospectus or online at www.exhibitatstroke.org
• Opportunity to hold Unofficial Satellite Events

Cost-saving efforts by the AHA
• Exhibitors are given the opportunity to do all work on straight time
• Flat-rate material handling charge for 100cwt whether in advance or direct shipment
• Reduced minimum weight to 100 pounds versus standard 200
• No special handling or overtime charges on material handling

For more detailed exhibiting information, visit exhibitatstroke.org.
Exhibit Space Application/Contract

Print or Type (Incomplete applications will not be accepted.)

Exhibitor Information: Company name should appear as the official exhibiting company.

company (exhibiting as) ______________________________

previous company names (if different from current company name):

Address ________________________________
toll free telephone __________________________

City __________________ state/province ___________ zip/postal code __________
Country __________________ company web site __________________

primary contact __________________________
Title __________________ Telephone __________________
Fax __________________ e-mail address __________________

marketing/advertising contact __________________________
Title __________________ Telephone __________________
Fax __________________ e-mail address __________________

Preferences: The following will be used as a guide in assigning your exhibit space.

List of products/services to be displayed: __________________

FDA Status: [ ] Approved [ ] In Process [ ] Not Applicable

Competitor Proximity: Complete the following sentences:

We would like to be near: ____________________

We don't want to be near: ____________________

Assignment Priority: Please rate the following preferences 1–3 in order of importance. Use 1 for the most important and 3 for the least.

Floor Location ______ Competitor ______ Proximity ______ Corner Location ______

Exhibit Selection: Please list four choices, in order of preference, for your exhibit location. See the enclosed floor plan for the exhibit hall layout

Booth# __________________

Dimensions ______ X ______ = ______ sq. ft. __________________

Select Visibility Package(s): Enhance your listing in exhibit hall print publications

[ ]$250 Highlighted Listing, includes company logo in ISC Stroke News Daily Newspaper

Exhibit Space Rates:

<table>
<thead>
<tr>
<th>Through July 7, 2013</th>
<th>$30 psf</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning July 8, 2013</td>
<td>$33 psf</td>
</tr>
<tr>
<td>Non-profit rate</td>
<td>$20 psf-deadline to take advantage</td>
</tr>
</tbody>
</table>

of this rate is July 8, 2013

Payment Options

[ ] Invoice: AHA will invoice you upon space assignment and acceptance of your space application/contract.

* Please note that you will not receive a confirmation until AHA has received the 30% deposit.

Or

Fax completed application and credit card information to (214) 706-1517. Your submission of this signed form by facsimile evidences your agreement that such facsimile is intended by you to be a binding agreement as to the terms and conditions contained herein. Fax submission does not constitute acceptance of application. Applications are accepted upon space assignments.

Method of Payment [ ] Credit Card

If paying by credit card, please complete the following:

Card: [ ] VISA [ ] MasterCard [ ] American Express

Amount to charge: $ __________

Card # __________________ Exp. Date __________

Signature of card holder X

Card holder's name: __________________

Address __________________
City __________________ State __________ ZIP __________
Phone __________________
Fax __________________

AHA/ASA Cancellation Schedule:

AHA/ASA retains 30% of contracted exhibit space cost after July 8, 2013.
AHA/ASA retains 100% of contracted space after October 1, 2013.

Submission of application does not constitute acceptance or approval by AHA. AHA retains a 30% deposit before exhibit space will be confirmed. Cancellation or space reduction will result in a 30% penalty.

Agreement —We, the undersigned, hereby make application for exhibit space at the American Heart Association's International Stroke Conference 2014 in San Diego, CA and authorize the AHA to reserve exhibit space on our behalf. A signature on this application indicates understanding and agreement to comply with all policies, rules, regulations, terms and conditions as outlined in the Prospectus, online at exhibitatsstroke.org and any others issued by AHA regarding the American Heart Association's Scientific Sessions, willingness to abide by the payment policy and acknowledgement of having agreed to the AHA Scientific Conferences Rules & Regulations and agreement that the AHA Scientific Conferences Rules & Regulations are an integral and binding part of this contract. Submission of application does constitute acceptance or approval by AHA until space has been assigned and a booth confirmation has been sent.

Signature of Authorizing Officer ____________________

Name of Authorizing Officer ____________________