

Exhibit Space Application/Contract

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

For AHA Use Only		
Date Reviewed	Time	VIA
Deposit Paid	VIA	Ref. #
Final Payment	VIA	Ref. #
Booth Assigned	Date	PP

1. Company Information:

company (exhibiting as)		previous company names (if different from current company name)	
address		toll free telephone	business fax
city	state/province	zip/postal code	country
			company web site

2. Contact Information: Only the designated contact(s) will receive all exhibit-related materials. International exhibitors should also designate a U.S.-based contact if available.

primary contact	title	telephone	fax	e-mail address
marketing/advertising contact	title	telephone	fax	e-mail address

3. Mandatory for acceptance of application - list of products/services to be displayed:

FDA Status: Approved In Process Not Applicable

4. Competitor Proximity:

 Complete the following sentences

We would like to be near: _____

We would not like to be near: _____

5. Preferences: 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 _____

- 6.** New Exhibitor Yes No
 Past Exhibitor Sessions
 Stroke
 Specialty Conference

Table Top Exhibit Rates

\$750 (non-profit) _____
 \$2,000 (industry) _____
 Total _____

Cancellation Schedule

Through April 30, 2018 AHA Retains 50% of Exhibit Space Payment.
 Beginning May 1, 2018 AHA Retains 100% of Exhibit Space Payment.

Full payment must accompany all applications

7. Payment Options

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

Pay by Check

Make checks payable to: American Heart Association

US Postal Service Address- regular mail
American Heart Association
P.O. Box 844504
Dallas, TX 75284-4504

Courier Address- delivered by courier service (UPS/FedEx, etc)
Bank of America Lockbox Services
Lockbox 844504
1950 N. Stemmons Fwy, Ste. 5010
Dallas, TX 75207

8. Email your completed application to
rita.m.pacheco@heart.org.

An invoice will be sent to you upon receipt and approval.

9. Agreement: We, the undersigned, hereby make application for exhibit space at the Resuscitation Science Symposium 2018 at the Hyatt Regency Chicago, Chicago, IL 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 in the Prospectus, and any others issued by AHA regarding the Resuscitation Science Symposium 2018; willingness to abide by the payment policy and acknowledgement of having read the rules and regulations and agreement that the AHA Scientific Conference Rules & Regulations are an integral and binding part of this contract. Full payment of the booth cost, in U.S. funds drawn on a U.S. institution, is required with all applications submitted.

X _____
 Signature of Authorizing Officer

 Name of Authorizing Officer (please type or print)