2019 Exhibit Space Application/Contract

1. Company Information:

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.

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

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

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 Basic Cardiovascular Sciences 2019 at the Westin Boston Waterfront Hotel, Boston, MA, 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 Basic Cardiovascular Sciences 2019; 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)

Full payment must accompany all applications