2019 Exhibit Space Application/Contract

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

1. Company Information:

<table>
<thead>
<tr>
<th>company (exhibiting as)</th>
<th>previous company names (if different from current company name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>address</td>
<td>toll free telephone</td>
</tr>
<tr>
<td>city</td>
<td>state/province</td>
</tr>
<tr>
<td>zip/postal code</td>
<td>country</td>
</tr>
<tr>
<td>company web site</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>primary contact</th>
<th>title</th>
<th>telephone</th>
<th>fax</th>
<th>e-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>marketing/advertising contact</td>
<td>title</td>
<td>telephone</td>
<td>fax</td>
<td>e-mail address</td>
</tr>
</tbody>
</table>

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
   Stroke
   Specialty Conference

Table Top Exhibit Rates

<table>
<thead>
<tr>
<th></th>
<th>Non-Profit</th>
<th>Industry</th>
</tr>
</thead>
<tbody>
<tr>
<td>$750</td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cancellation Schedule

Prior to January 1, 2019 AHA Retains 50% of Exhibit Space Payment.

Beginning January 2, 2019 AHA Retains 100% of Exhibit Space Payment.

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 Epidemiology, Prevention, Lifestyle & Cardiometabolic Health 2019 at The Westin Hotel & Conference Center, Houston, TX, 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 Epidemiology, Prevention, Lifestyle & Cardiometabolic Health 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)