



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

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

Full payment must accompany all applications

9. Agreement: We, the undersigned, hereby make application for exhibit space at the Resuscitation Science Symposium 2019 in Philadelphia, PA 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 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.

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.

AHA Cancellation Schedule:

Submission of application does not constitute acceptance or approval by AHA.

Prior to April 1, 2019: AHA requires a 50% deposit through April 1, 2019 before exhibit space will be confirmed. The 50% deposit is non-refundable and AHA retains this fee for any cancellation or space reduction prior to April 1.

Beginning April 2, 2019: Full payment of booth fee is required. AHA retains 100% of contracted space fee for any space reduction or cancellation.

X _____
 Signature of Authorizing Officer

 Name of Authorizing Officer (please type or print)