

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

Prior to February 1, 2019 AHA Retains 50% of Exhibit Space Payment.
 Beginning February 2, 2019 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
julie.davis@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 Vascular Discovery: From Genes to Medicine 2019 at the Marriott Copley Square 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 Vascular Discovery: From Genes to Medicine 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)