American Heart Association®
Hypertension

Unofficial Satellite Event Application

For AHA Use Only		
Date Received	Via	Initials
Review Date	Sat ID#	Initials

1. Financial Supporter:

Status: _____ For Profit Non-Profit

Company: _____ Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone:: _____ Fax: _____ E-mail: _____

2. Sponsoring Organization: Check here if the Sponsoring Organization is same as the Financial Supporter

Company: _____ Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone:: _____ Fax: _____ E-mail: _____

3. Event Organizer (or 3rd Party): Only the designated official contact will receive USE-related materials and correspondence from AHA.

Company: _____ Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone:: _____ Fax: _____ E-mail: _____

4. CME/CE Provider: Will CME/CE be offered for this event? Yes No

Company: _____ Contact: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone:: _____ Fax: _____ E-mail: _____

5. Event Information:

Type: _____ Title: _____

Date: _____ Start Time: _____ End Time: _____ Estimated Attendance: _____

Brief Description: _____

6. Payment Information: Make checks payable to: American Heart Association. Full payment is required. Application fees are **NONREFUNDABLE**

Method of Payment: _____ Amount Due: _____

If Paying By Credit Card, Please Complete The Following: Card Type: _____

Card #: _____ Exp. Date: _____ Amount to Charge: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip/Postal Code: _____ Country: _____

_____ X _____ _____

Card Holder's Name (As It Appears On Card) **Cardholder Signature (Required for Credit Card Payments)** Date:

7. Agreement – Your signature on this Application indicates you have read the American Heart Association rules and regulations and all Unofficial Satellite Event policies, your understanding of, agreement with, acknowledgement of them, and your agreement to abide by the payment policy, which states that the Unofficial Satellite Event Application fee is non-refundable.

Signature X _____ Date: _____

A. Mail completed application and check to:
American Heart Association,
c/o Bank of America, Remittance Processing Dept.
1401 Elm Street, 5th Floor, LBX 844504,
Dallas, TX 75202

OR

B. Fax completed application and credit card information to:
(214) 706-1517

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