

address

## 2019 Exhibit Space Application/Contract

## **Print or Type** d.)

(ir	ncomplete	applications	Will	not	be	accep	tec
1.	Company	Information:					

American Heart Association					
HUNATTANCIA			Date Reviewed	Time	VIA
Hypertensio	1-1		Deposit Paid	VIA	Ref. #
019 Exhibit Space	Application/C	Contract	Final Payment	VIA	Ref.#
rint or Type			Booth Assigned	Date	PP
ncomplete applications v	vill not be accepted	l.)		1	1
. Company Information:					
ompany (exhibiting as)			previous company names (if	different from curren	t company name)
ompany (exhibiting as)			previous company names (ii	different from edition	t company name)
ddress			toll free telephone	business	fax
ïV	state/province	zip/postal code	country	company web	site
			nternational exhibitors should also designa		
imary contact	title	telephone	fax	e-mail addres	S
arketing/advertising contact	title	telephone	fax	e-mail addres	S
	ice of application -	list of products/services	to be displayed:		
Mandatory for acceptar					
. Mandatory for acceptar	••				
•		9			
•		е			
DA Status:   Approved  In P	rocess ☐ Not Applicable				
DA Status: ☐ Approved ☐ In P	rocess ☐ Not Applicable				
DA Status: Approved In Positive Competitor Proximity: 0	rocess ☐ Not Applicable				
DA Status:	rocess ☐ Not Applicable		7. Payment Options		
DA Status: Approved In Positive Competitor Proximity: 0  'e would like to be near:  'e would not like to be near:	rocess ☐ Not Applicable Complete the following sen	tences	7. Payment Options Invoice: AHA will in		ace assignment and
DA Status: Approved In Positive Competitor Proximity: Competitor P	rocess Not Applicable Complete the following sen	tences	•	voice you upon spa	
DA Status: Approved In Positive Competitor Proximity: Competitor P	rocess Not Applicable Complete the following sen the following preferences 1- for the least.	tences	Invoice: AHA will in acceptance of your space	voice you upon spa	
DA Status: Approved In Positive Competitor Proximity: Of the would like to be near:  We would not like to be near:  Preferences: Please rate the like 1 for the most important and 3 in the control of th	rocess Not Applicable Complete the following sen	tences 3 in order of importance.	Invoice: AHA will in acceptance of your space Pay by Check	voice you upon spa application/contrac	ct.
DA Status: Approved In Positive Competitor Proximity: Competitor P	rocess Not Applicable Complete the following sen the following preferences 1- for the least.	tences 3 in order of importance.	Invoice: AHA will in acceptance of your space  Pay by Check  Make checks payable to: A	voice you upon spa application/contrad	ct.
DA Status:    Approved    In P	rocess Not Applicable Complete the following sen the following preferences 1- for the least.	tences 3 in order of importance.	Invoice: AHA will in acceptance of your space  Pay by Check  Make checks payable to: A  US Postal Service Addres	voice you upon spa application/contrad American Heart Ass s- regular mail	ct.
DA Status:	rocess Not Applicable Complete the following sen the following preferences 1- for the least.  Competitor Proximity	tences 3 in order of importance.	Invoice: AHA will in acceptance of your space  Pay by Check  Make checks payable to: A	voice you upon spa application/contrad American Heart Ass s- regular mail	ct.
DA Status:    Approved    In Proved    In Proved    In Proved    In Provential    In Proven	rocess Not Applicable Complete the following sen the following preferences 1- for the least.  Competitor Proximity	tences 3 in order of importance.	Pay by Check Make checks payable to: A US Postal Service Address American Heart Association	voice you upon spa application/contrad American Heart Ass s- regular mail	ct.
DA Status:    Approved    In Proved    In Proved    In Proved    In Provential    In Provential    In Provential    Approved    In Provential    In Provential	rocess Not Applicable Complete the following sen the following preferences 1- for the least.  Competitor Proximity	tences 3 in order of importance.	Invoice: AHA will in acceptance of your space  Pay by Check  Make checks payable to: American Heart Association P.O. Box 844504  Dallas, TX 75284-4504  Courier Address- delivered	voice you upon spa application/contrad American Heart Ass s- regular mail on	ociation
DA Status: Approved In Proceed In Proceedings In International Internati	rocess Not Applicable Complete the following sen the following preferences 1- for the least.  Competitor Proximity	tences 3 in order of importance.	Pay by Check Make checks payable to: A US Postal Service Addres: American Heart Association P.O. Box 844504 Dallas, TX 75284-4504 Courier Address- delivere: Bank of America Lockbox	voice you upon spa application/contrad American Heart Ass s- regular mail on	ociation
DA Status:	rocess Not Applicable Complete the following sen the following preferences 1- for the least.  Competitor Proximity	tences 3 in order of importance.	Invoice: AHA will in acceptance of your space  Pay by Check  Make checks payable to: American Heart Association P.O. Box 844504  Dallas, TX 75284-4504  Courier Address- delivered	voice you upon spa application/contract American Heart Ass s- regular mail on d by courier service Services	ociation
DA Status: Approved In Proceed In Proceed In Proceed In Proceed In Proceed In Proceed In Proceedings of the Would like to be near:  Description:  Description: Approved In Proceedings of International Internationa	rocess Not Applicable Complete the following sen the following preferences 1- for the least.  Competitor Proximity	tences 3 in order of importance.	Invoice: AHA will in acceptance of your space  Pay by Check  Make checks payable to: A  US Postal Service Addres: American Heart Association P.O. Box 844504  Dallas, TX 75284-4504  Courier Address- delivere Bank of America Lockbox Lockbox 844504	voice you upon spa application/contract American Heart Ass s- regular mail on d by courier service Services	ociation
DA Status: Approved In P  Competitor Proximity: 0 e would like to be near: e would not like to be near:  Preferences: Please rate the set of the most important and 3 in the set of the most important and 3 in the set of the most important and 3 in the set of the most important and 3 in the set of the most important and 3 in the set of the most important and 3 in the set of	rocess Not Applicable Complete the following sen the following preferences 1- for the least.  Competitor Proximity	3 in order of importance.  Corner Location	Invoice: AHA will in acceptance of your space  Pay by Check  Make checks payable to: A  US Postal Service Addres: American Heart Association P.O. Box 844504  Dallas, TX 75284-4504  Courier Address- delivere Bank of America Lockbox Lockbox 844504 1950 N. Stemmons Fwy, S Dallas, TX 75207	voice you upon spa application/contract American Heart Ass s- regular mail on d by courier service Services te. 5010	e (UPS/FedEx, etc)
DA Status: Approved In Proceed In Procedure Research In Procedure	rocess Not Applicable Complete the following sen the following preferences 1- for the least. Competitor Proximity	as in order of importance.  Corner Location  ce Payment.	Pay by Check Make checks payable to: A US Postal Service Addres: American Heart Association P.O. Box 844504 Dallas, TX 75284-4504 Courier Address- delivere Bank of America Lockbox Lockbox 844504 1950 N. Stemmons Fwy, S	American Heart Ass s- regular mail on d by courier service Services te. 5010	e (UPS/FedEx, etc)
DA Status:	rocess Not Applicable Complete the following sen the following preferences 1— for the least. Competitor Proximity  The proximity	as in order of importance.  Corner Location  ce Payment.	Invoice: AHA will in acceptance of your space  Pay by Check  Make checks payable to: A  US Postal Service Addres: American Heart Associatio P.O. Box 844504  Dallas, TX 75284-4504  Courier Address- delivere: Bank of America Lockbox Lockbox 844504 1950 N. Stemmons Fwy, S Dallas, TX 75207  8. Email your complete	American Heart Ass s- regular mail on d by courier service Services te. 5010 eed application to	et.
DA Status: Approved In Proceed In Proceed In Procedure Proximity: Of the would like to be near:  Define Would not like to be near:  Define Preferences: Please rate the lise 1 for the most important and 3 for the most im	rocess Not Applicable Complete the following sen the following preferences 1— for the least. Competitor Proximity  The proximity	as in order of importance.  Corner Location  ce Payment.	Pay by Check Make checks payable to: A US Postal Service Addres: American Heart Association P.O. Box 844504 Dallas, TX 75284-4504 Courier Address- delivere: Bank of America Lockbox Lockbox 844504 1950 N. Stemmons Fwy, S Dallas, TX 75207  8. Email your complete Rita.M.Pacheco@he	American Heart Ass s- regular mail on d by courier service Services te. 5010 eed application to	et.

5. Preferences: Ple Use 1 for the most import	ease rate the following preferences 1–3 in order of it tant and 3 for the least.	Invoice: AHA will invoice you upon space assignment and acceptance of your space application/contract.
Floor Location	Competitor Proximity Corner	Location Pay by Check
		Make checks payable to: American Heart Association
6. New Exhibitor ☐ Yes ☐	⊒ No	US Postal Service Address- regular mail
Past Exhibitor   Session	ons	American Heart Association
□ Stroke □ Speci	e ialty Conference	P.O. Box 844504 Dallas, TX 75284-4504
Table Top Exhibit	Rates	Courier Address- delivered by courier service (UPS/FedEx, etc)
\$750 (non-profit)		Bank of America Lockbox Services Lockbox 844504
\$2,000 (industry) <b>Total</b>		1950 N. Stemmons Fwy, Ste. 5010
Cancellation Sche	edule	Dallas, TX 75207
Prior to July 3, 2019 Beginning July 5, 2019	AHA Retains 50% of Exhibit Space Payment. AHA Retains 100% of exhibit Space Payment.	<ol><li>Email your completed application to Rita.M.Pacheco@heart.org</li></ol>
Tuli payment mus	t accompany all applications	
AHA to reserve exhibit sp conditions in the Prospec the rules and regulations	pace on our behalf. A signature on this application ir ctus, and any others issued by AHA regarding Hype	t space at Hypertension 2019 at the Marriott New Orleans, New Orleans, LA,and authorize the idicates understanding and agreement to comply with all policies, rules, regulations, terms and retension 2019; willingness to abide by the payment policy and acknowledgement of having read Rules & Regulations are an integral and binding part of this contract. Full payment of the booth cost, mitted.
AHA to reserve exhibit sp conditions in the Prospec the rules and regulations	pace on our behalf. A signature on this application in ctus, and any others issued by AHA regarding Hype and agreement that the AHA Scientific Conference U.S. institution, is required with all applications sub	dicates understanding and agreement to comply with all policies, rules, regulations, terms and rtension 2019; willingness to abide by the payment policy and acknowledgement of having read Rules & Regulations are an integral and binding part of this contract. Full payment of the booth cost,