

For AHA use only		
Date Reviewed	Time	VIA
Deposit Paid	VIA	Ref. #
Final Payment	VIA	Ref. #
Booth Assigned	Date	PP

2020 Exhibit Space Application/Contract

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

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 website _____

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 _____ email address _____

marketing/advertising contact _____ title _____ telephone _____ fax _____ email address _____

3. Mandatory for acceptance of application - list of products/services to be displayed: _____

FDA Status: Approved In Process Not Applicable

4. Competitor Proximity:

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 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 _____

7. Payment Options

Full payment must accompany all applications.

_____ Invoice: AHA will invoice you upon space assignment and acceptance of your space application/contract.

Cancellation Schedule:

Prior to January 1, 2020, AHA retains 50% of exhibit space payment.
Beginning January 2, 2020, AHA retains 100% of exhibit space payment.

Pay by check: Make checks payable to American Heart Association

U.S. 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

Agreement: We, the undersigned, hereby make application for exhibit space at Epidemiology, Prevention, Lifestyle & Cardiometabolic Health 2020 at the Hyatt Regency Phoenix in Phoenix, Arizona, 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 2020; willingness to abide by the payment policy and acknowledgment 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)

Email your completed application to Rita.M.Pacheco@heart.org. An invoice will be sent to you upon receipt and approval.