

# 2020 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 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 31, 2020, AHA retains 50% of exhibit space payment. Beginning February 3, 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 Quality of Care & Outcomes Research 2020 at the Hyatt Reston in Reston, Virginia, 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 Quality of Care & Outcomes Research 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 julie.davis@heart.org. An invoice will be sent to you upon receipt and approval.**