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.

   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.