

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 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 Vascular Discovery: From Genes to Medicine 2020 at the Hilton Chicago, in Chicago, Illinois, 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 Vascular Discovery: From Genes to Medicine 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.