2020 Exhibit Space Application/Contract

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

1. Company Information:

<table>
<thead>
<tr>
<th>company (exhibiting as)</th>
<th>previous company names (if different from current company name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>address</td>
<td>toll free telephone</td>
</tr>
<tr>
<td>city</td>
<td>state/province</td>
</tr>
<tr>
<td>zip/postal code</td>
<td>country</td>
</tr>
<tr>
<td>country</td>
<td>company website</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>primary contact</th>
<th>title</th>
<th>telephone</th>
<th>fax</th>
<th>email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>marketing/advertising contact</td>
<td>title</td>
<td>telephone</td>
<td>fax</td>
<td>email address</td>
</tr>
</tbody>
</table>

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

   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.

   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.