American Heart Association®
Epidemiology, Prevention, Lifestyle & Cardiometabolic Health

Unofficial Satellite Event Application

1. Financial Supporter:

Status: Exhibitor   University/Non-Profit   Sponsor   For Profit   Non-Profit

Company:_____   Contact:_____

Address:_____

City:_____ State/Province:_____ Zip/Postal Code:_____ Country:_____

Phone::_____ Fax:_____ E-mail:_____

2. Sponsoring Organization: Check here if the Sponsoring Organization is same as the Financial Supporter

Company:_____   Contact:_____

Address:_____

City:_____ State/Province:_____ Zip/Postal Code:_____ Country:_____

Phone::_____ Fax:_____ E-mail:_____

3. Event Organizer (or 3rd Party): Only the designated official contact will receive USE-related materials and correspondence from AHA.

Company:_____

Address:_____

City:_____ State/Province:_____ Zip/Postal Code:_____ Country:_____

Phone::_____ Fax:_____ E-mail:_____

4. CME/CE Provider: Will CME/CE be offered for this event?   Yes   No

Company:_____   Contact:_____

Address:_____

City:_____ State/Province:_____ Zip/Postal Code:_____ Country:_____

Phone::_____ Fax:_____ E-mail:_____

5. Event Information: Please pick one: Staff, Hospitality, Committee, Focus, Investigator, Social Event or Symposia

Type:_____   Title:_____

Date:_____ Start Time:_____ End Time:_____ Estimated Attendance:_____

Brief Description: _____

6. Payment Information: Make checks payable to: American Heart Association.   Full payment is required.   Application fees are **NON-REFUNDABLE**

Method of Payment: _____   Amount Due: _____

If Paying By Credit Card, Please Complete The Following: Card Type:_____

Card #: _____ Exp. Date:_____ Amount to Charge:_____   Phone:_____

Address: _____ City:_____ State:_____ Zip/Postal Code:_____ Country:_____

_____   **X** _____   _____
Card Holder's Name (As It Appears On Card)   **Cardholder Signature (Required for Credit Card Payments)**   Date:

Contact:_____

7. Agreement – Your signature on this Application indicates you have read the American Heart Association rules and regulations and all Unofficial Satellite Event policies, your understanding of, agreement with, acknowledgement of them, and your agreement to abide by the payment policy, which states that the Unofficial Satellite Event Application fee is non-refundable.

Signature **X** _____   Date:_____

Mail completed application and check to: OR   **B. Email completed application to:** exhibits@heart.org

US 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