2021 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) ____________________________

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: __________________________________________

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: $2,000 (non-profit) ___ $3,800 (industry) ___ $10,000 (Enhanced Exhibitor Package) ___ 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 July 15, 2021, AHA retains 50% of exhibit space payment. Beginning July 16, 2021, AHA retains 100% of exhibit space payment.

Agreement: We, the undersigned, hereby make application for exhibit space at Resuscitation Science Symposium 2021 in Boston, Massachusetts, 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 Resuscitation Science Symposium 2021; 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 ____________________________ Name of authorizing officer (please type or print)

Signature of authorizing officer

Email your completed application to Rita.M.Pacheco@heart.org. An invoice will be sent to you upon receipt and approval.