2022 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
   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 Hypertension 2022 in San Diego, CA, 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 Hypertension 2022; 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.Welsh@heart.org. An invoice will be sent to you upon receipt and approval.