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)

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 May 1, 2022, AHA retains 50% of exhibit space payment.
Beginning May 2, 2022, AHA retains 100% of exhibit space payment.

Agreement: We, the undersigned, hereby make application for exhibit space at Resuscitation Science Symposium at Sessions 2022 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 Resuscitation Science Symposium 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 Rita.M.Pacheco@heart.org. An invoice will be sent to you upon receipt and approval.