



ReSS at Sessions

Nov. 10-12, 2023
Sheraton Philadelphia Downtown, Philadelphia, PA

2023 Exhibit Space Application/Contract

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

Table with 3 columns: Date Reviewed, Deposit Paid, Final Payment, Booth Assigned; Time, VIA, VIA, Date; VIA, Ref. #, Ref. #, PP

1. Company Information:

company (exhibiting as) previous company names (if different from current company name)
address 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 2, 2023, AHA retains 50% of exhibit space payment. Beginning May 3, 2023, AHA retains 100% of exhibit space payment.

Pay by check: Make checks payable to American Heart Association

U.S. Postal Service Address - regular mail: American Heart Association P.O. Box 841750 Dallas, TX 75284-4504

Courier Address - delivered by courier service (UPS/FedEx, etc): Bank of America Lockbox Services Lockbox 841750 1950 N. Stemmons Fwy, Ste. 5010 Dallas, TX 75207

Agreement: We, the undersigned, hereby make application for exhibit space at Resuscitation Science Symposium at Sessions 2023 in Philadelphia, PA, 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 2023; 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 Cathleen Gorby at cgorby@ascendmedia.com. An invoice will be sent to you upon receipt and approval.