



## Satellite Event Application

For AHA Use Only		
Date Received	Via	Initials
Review Date	Sat ID#	Initials

### 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 3<sup>rd</sup> 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](mailto:exhibits@heart.org)

#### US 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 American Lockbox Services

Lockbox 841750

1950 N. Stemmons Fwy, Ste. 5010

Dallas, TX 75207