



EPI|Lifestyle 2024

March 18-21, 2024 | Chicago, IL
Hilton Chicago

2024 Exhibit Space Application/Contract

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

For AHA use only		
Date Reviewed	Time	VIA
Deposit Paid	VIA	Ref. #
Final Payment	VIA	Ref. #
Booth Assigned	Date	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: \$1,200 (non-profit) _____ \$3,000 (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 January 5, 2024, AHA retains 50% of exhibit space payment.

Beginning January 8, 2024, 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 EPI Lifestyle 2024 in Chicago, IL, 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 EPI Lifestyle 2024; 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 Maureen Mauer at mmauer@ascendmedia.com.

An invoice will be sent to you upon receipt and approval.