



Hypertension 2024

September 5-8, 2024 | Hilton Chicago | Chicago, IL

For AHA use only		
Date Reviewed	Time	VIA
Deposit Paid	VIA	Ref. #
Final Payment	VIA	Ref. #
Booth Assigned	Date	PP

2024 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 _____ 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 June 3, 2024, AHA retains 50% of exhibit space payment. Beginning June 4, 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 Hypertension 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 Hypertension 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.