

## 2025 Exhibit Space Application/Contract

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

company (exhibiting as)		р	previous company names (if different from current company name)		
address			toll free telephone	business fax	
city	state/province	zip/postal code	country	company website	
	mation: Only the designated contact if available.	ted contact(s) will receive all ex	hibit-related materials. Internati	onal exhibitors should also	
primary contact	title	telephone	fax	email address	
marketing/advertisir	ng contact title	telephone	fax	email address	
3. Mandatory fo	or acceptance of applic	:ation - list of products/s	ervices to be displayed: _		
FDA Status: Appro	oved	Applicable		_	
4. Competitor Pr	oximitu:				
	near:		rould not like to be near:		
We would like to be  5. Preferences: p  F  6. New Exhibitor:	near:lease rate the following pref floor Location Com Yes No Past	rerences 1-3 in order of importal petitor Proximity Corner Exhibitor: Sessions Str	nce. Use 1 for the most importanter Location		
We would like to be  5. Preferences: p  F  6. New Exhibitor: Table Top Exhibit	lease rate the following pref floor Location Com Yes No Past t Rates: \$1,200 (non-profit)	rerences 1-3 in order of importal petitor Proximity Corne	nce. Use 1 for the most importanter Location		
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<ul> <li>We would like to be</li> <li>5. Preferences: p</li> <li>6. New Exhibitor:         <ul> <li>Table Top Exhibit</li> </ul> </li> <li>7. Payment Option</li> <li>Full payment must an an annual payment must an annual payment m</li></ul>	lease rate the following preficion Location Com  Yes No Past t Rates: \$1,200 (non-profit)	rerences 1-3 in order of important petitor Proximity Corner Exhibitor: Sessions Str \$3,000 (industry)	nce. Use 1 for the most important er Location  oke	t and 3 for least.	
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5. Preferences: p  6. New Exhibitor: Table Top Exhibi  7. Payment Optic Full payment must a  Invoice: AHA w acceptance of Pay by check: Make U.S. Postal Serv American Heart P.O. Box 841750 Dallas, TX 7528  Agreement: We, t and authorize the AH all policies, rules, reg Medicine 2025; willin AHA Scientific Conferences	lease rate the following preficion Location Com  Yes No Past t Rates: \$1,200 (non-profit)  Ons  accompany all applications.  Fill invoice you upon space a your space application/con checks payable to American ice Address - regular mail: t Association  4-4504  the undersigned, hereby mail and to reserve exhibit space or gulations, terms and conditions and conditions are served.	rerences 1-3 in order of important apetitor Proximity Corner Exhibitor:  Sessions  Str \$3,000 (industry) Ssignment and tract.  The Heart Association  Courier Address - de Bank of America Lockbox 841750  1950 N. Stemmons F Dallas, TX 75207    Ke application for exhibit space in our behalf. A signature on this ons in the Prospectus, and any nent policy and acknowledgme an integral and binding part of the prospectus and any nent policy and acknowledgme an integral and binding part of the prospectus and any nent policy and acknowledgme an integral and binding part of the prospectus and any nent policy and acknowledgme an integral and binding part of the prospectus and any nent policy and acknowledgme an integral and binding part of the prospectus and any nent policy and acknowledgme an integral and binding part of the prospectus and any nent policy and acknowledgme an integral and binding part of the prospectus and acknowledgme an integral and binding part of the prospectus and acknowledgme an integral and binding part of the prospectus and the pr	nce. Use 1 for the most important er Location oke	t and 3 for least.  Ins 50% of exhibit space payment.  etains 100% of exhibit space payment  edEx, etc):  nes to Medicine 2025 in Baltimore, MI  nding and agreement to comply wit  g Vascular Discovery: From Genes to  regulations and agreement that the	
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