



# Hypertension 2025

September 4-7, 2025 | Marriott Baltimore Waterfront | Baltimore, MD

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

## 2025 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 \_\_\_\_\_

On-Site Renewal Rate for 2025: \$2,700

### 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 2, 2025, AHA retains 50% of exhibit space payment.  
Beginning June 3, 2025, 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 2025 in Baltimore, MD, 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 2025; 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](mailto:mmauer@ascendmedia.com).  
An invoice will be sent to you upon receipt and approval.