

## **Satellite Event Application**

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

Company:  Address:  City:  Phone::  Sponsoring Organization:  Company:		Zip/Postal Code:	Contact: Cou	or Profit Non-Profi	
Address:  City:  Phone::  Sponsoring Organization:  Company:	State/Province:	Zip/Postal Code:	Cou		
Address:  City:  Phone::  Sponsoring Organization:  Company:	State/Province:	Zip/Postal Code:	Cou		
City:  Phone::  Sponsoring Organization:  Company:					
Phone::  Sponsoring Organization:  Company:				untry:	
Sponsoring Organization:  Company:					
		Check here if the :	Sponsoring Organization is same		
			Contact:		
Address:					
	State/Province:		Cou	Country:	
Phone::		E-mail:			
	Only the designated official contact will	receive USE-related materials an	d correspondence from AHA.		
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City:	State/Province:	Zip/Postal Code:	Co	ountry:	
Phone::	Fax:	E-mail:			
1. CME/CE Provider:		"	ME/CE be offered for this event?		
Company:			Contact:		
Address:					
City:	State/Province:	Zip/Postal Code: _		Country:	
Phone::	Fax:	E-mail: _			
5. Event Information: Please pick	one: Staff, Hospitality, Committee, Fo				
Туре:	Tit	tle:			
Date:	Start Time:	End Time:	Estimated Attendance:		
Brief Description:					

<u>Courier Address</u> delivered by courier service (UPS/FedEx, etc)
Bank of America Lockbox Services /Lockbox 841750

1950 N. Stemmons Fwy, Ste. 5010 Dallas, TX 75207