



Vascular Discovery: From Genes to Medicine

May 13-16, 2026
Bellevue, WA | Hyatt Regency Bellevue

Exhibit Space Application/Contract

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

1. Company Information:

company (exhibiting as)		company website	
address		telephone	
city	state/province	zip/postal code	country

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	email address
marketing/advertising contact	title	telephone	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: \$1,500 (non-profit) _____ \$3,000 (industry) _____ Total _____

On-site Renewal Rate for 2026: \$2,700 _____

7. Payment Options

Full payment must accompany all applications.

____ Invoice: The American Heart Association will invoice you upon space assignment and acceptance of your space application/contract.

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

Cancellation Schedule:

Prior to January 16, 2026, the Heart Association retains 50% of exhibit space payment.

Beginning January 19, 2026, the Heart Association retains 100% of exhibit space payment.

Agreement: We, the undersigned, hereby make application for exhibit space at Vascular Discovery: From Genes to Medicine in Bellevue, WA, and authorize the American Heart Association 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 the Heart Association regarding Vascular Discovery: From Genes to Medicine; willingness to abide by the payment policy and acknowledgment of having read the rules and regulations and agreement that the Heart Association's 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 Criss John at cjohn@ascendmedia.com
An invoice will be sent to you upon receipt and approval.