American Heart Association
Conferences

Exhibit Space Application/Contract

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

Company Information:

Company (exhibiting as) _____ Company Website _____

Address _____ Telephone _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

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 _____

Mandatory for acceptance of application - list of products/services to be displayed: _____

_____

_____

FDA Status: ☐ Approved ☐ In Process ☐ Not Applicable

Select Your Conference(s)	Specialty Conference	Event Dates	Event Location	Table Top Exhibit Rate	Non-Profit Rate	Cancellation Schedule
☐	EPI | Lifestyle	March 1-4, 2027	Westin Boston Seaport District Boston, MA	☐ $3,000	☐ $1,500	Prior to Jan. 4, 2027, the association retains 50% of exhibit payment. Beginning Jan. 5, 2027, the association retains 100% of exhibit space payment.
☐	Basic Cardiovascular Sciences Vascular Discovery *Co-located*	July 19-22, 2027 July 22-25, 2027 *Exhibits: July 21-23, 2027*	Westin Boston Seaport District Boston, MA	☐ $3,000	☐ $1,500	Prior to April 1, 2027, the association retains 50% of exhibit payment. Beginning April 2, 2027, the association retains 100% of exhibit space payment.
☐	Hypertension	Sept. 8-12, 2027	Sheraton Boston Boston, MA	☐ $3,000	☐ $1,500	Prior to June 3, 2027, the association retains 50% of exhibit payment. Beginning June 4, 2027, the association retains 100% of exhibit space payment.
☐	Resuscitation Science Symposium	Nov. 5-8, 2027	Thomas M. Menino Convention & Exhibition Center Boston, MA	☐ $3,000	☐ $1,500	Prior to Aug. 5, 2027, the association retains 50% of exhibit payment. Beginning Aug. 6, 2027, the association retains 100% of exhibit space payment.

New Exhibitor: ☐ Yes ☐ No

Past Exhibitor: ☐ Sessions ☐ Stroke ☐ Specialty Conference

Table Top Exhibit Rates: $1,500 (non-profit) ____ $3,000 (industry) ____ Total _____

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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 _____

Competitor Proximity:

We would like to be near: _____ We would not like to be near: _____

Payment Options

Full payment must accompany all applications.

____ Invoice: The 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

Agreement:

We, the undersigned, hereby make application for exhibit space at the above selected American Heart Association Specialty Conference(s), 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 American Heart Association regarding the Specialty Conferences; 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 Date

_____

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.