



SCIENTIFIC SESSIONS 2012

Exhibits: November 4-6
Sessions: November 3-7
Resuscitation Science Symposium: November 3-4
Los Angeles, Calif.

scientificsessions.org

Exhibit Space Application/Contract

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

DEADLINE TO EXHIBIT IS AUGUST 1, 2012 www.exhibitatsessions.org

Print or Type (Incomplete applications will not be accepted.)

Do you wish to receive solicitation from preferred vendors regarding show services?
 YES NO

1. Company Information:

New Exhibitor?
 YES NO

Past exhibitor?
 Sessions Stroke Specialty Conference

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 web site

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 e-mail address

marketing/advertising contact Title telephone fax e-mail address

3. List of products/services to be displayed:

FDA Status: Approved In Process Not Applicable

4. Competitor Proximity:

 Complete the following sentences

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 the least.

Floor Location _____ Competitor Proximity _____ Corner Location _____

Booth Location Preference (if applicable)

_____ Electronic Medical Records Showcase _____ Publishers Row
_____ Clinical Resource Center _____ Research & Discovery Zone
_____ Device & Technology Zone _____ Other _____

6. Exhibit Selection: Please list four choices, in order of preference, for your exhibit location. See the [floor plan](#) for the Exhibit Hall layout.

Booth #
1 _____ 2 _____ 3 _____ 4 _____

Dimensions:
_____ X _____ = _____ sq. ft.

7. Payment:

Exhibit Space: _____ sq. ft. x _____ = \$ _____
\$ _____

Exhibit Space Rates:

Prior to January 31, 2012, \$33 psf
February 1 - April 30, 2012 \$37 psf
Beginning May 1, 2012 \$37 psf

AHA Cancellation Schedule:

AHA retains a 3% processing fee.
AHA retains 50% of contracted exhibit space cost.
AHA retains 100% of contracted exhibit space cost.

Submission of application does not constitute acceptance or approval by AHA.

9. Agreement: We, the undersigned, hereby make application for exhibit space at the AHA's Scientific Sessions 2012 at Los Angeles Convention Center, Los Angeles, California 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, on AHA's website exhibitatsessions.org, and any others issued by AHA regarding Scientific Sessions; willingness to abide by the payment policy and acknowledgement 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.

X

Signature of Authorizing Officer

Name of Authorizing Officer (please type or print)

Title of Authorizing Officer

Date

8. Payment Options

_____ Invoice: AHA will invoice you upon space assignment and acceptance of your space application/contract.

Or

Fax completed application and credit card information to (214) 706-1517. Your submission of this signed form by facsimile evidences your agreement that such facsimile is intended by you to be a binding agreement as to the terms and conditions contained herein. Fax submission does not constitute acceptance of application. Applications are accepted upon space assignment.

Method of Payment Check Credit Card

If paying by credit card, please complete the following:

Card: VISA MasterCard American Express

Amount to be charged \$ _____

Card # _____ Exp. Date _____

Card holder's name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Signature of card holder **X**

E-mail _____