ACC.26

Future Hub Partner Application & Contract

Company & Contact Information

Company Name:				
Street Address:				
City/Province:		untry:	ZIP/Postal Code:	
Contact:		Title:		
Direct Phone:	Mobile Phone:			
If company exhibits at ACC un	nder a different name, what is it?			

Please indicate your level of participation:

PARTNER LEVEL	FEI
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☐ Supporting Partner☐ Participating Partner☐ Start-Up Partner\$22,500 USD\$11,500 USD\$1,650 USD

*Criteria for Start-Up Partner participation:

- 1. Company is a legally formed entity;
- 2. Company's primary product or service is relevant to healthcare;
- 3. Company has been in existence fewer than 5 years;
- 4. Company has less than \$1 million in annual sales; and
- 5. The product or service displayed must be the company's primary business.

Payment Method

Full payment is due by February 13, 2026.

□ **Check** — Upon approval of the Application & Contract, ACC will invoice the Partner. Please note "ACC Future Hub" in the memo field of the check to ensure correct application of funds.

□ Wire Transfer — Upon approval of the Application & Contract, ACC will invoice the Partner. All wire transfer fees are Participant's responsibility. Please note "ACC Future Hub" in the memo field of the wire to ensure correct application of funds.

☐ Credit Card — Upon approval of the Application & Contract, ACC will send an invoice with information on paying by credit card.

FOR ACC USE ONLY Date Received Slot Assigned	Assignment Date
Amount DueCancelled Date	_ Amount Paid Liquidated Damages
Accepted byDate	

Terms & Conditions

- Only companies in good standing with ACC are permitted to submit an Application & Contract to participate. Participating companies must settle any outstanding balances from current and/or previous ACC events in order for their applications to be considered.
- **2.** Applications must be received by February 13, 2026, for consideration.
- **3.** This Application will not become a binding Contractuntil this Application is approved and signed by ACC.

Agreement

I, the undersigned, hereby make application for Partner Participation in the Future Hub at the American College of Cardiology's (ACC) 75th Annual Scientific Session & Expo (ACC.26) I am an authorized representative of the company with the full power and authority to sign and deliver this Application. The company listed on this Application agrees to comply with all ACC.26 Annual Scientific Session & Expo Rules, Regulations, Terms & Conditions found at www.expo.acc.org, the Exhibitor Service Kit, the Future Hub Guidelines and all policies, rules and regulations adopted by ACC hereinafter.

Authorized Officer's Name:		
Title:		
Authorized Officer's Signature (Required):		
3 (1)		
Date:		

Send Applications to:

Christy Troiano ctroiano@acc.org

Questions?

Please contact Christy Troiano, Director, Meeting Exposition Sales & Strategy, at ctroiano@acc.org.