



# Application & Contract Future Hub Partner

## Company & Contact Information

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ State/Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Contact's Email: \_\_\_\_\_

If company exhibits at ACC under a different name, what is it? \_\_\_\_\_

### Please indicate your level of participation:

#### PARTNER LEVEL

- |  |              |
|--|--------------|
| <input type="checkbox"/> Supporting Partner    | \$20,000 USD |
| <input type="checkbox"/> Participating Partner | \$10,000 USD |
| <input type="checkbox"/> Start-Up Partner*     | \$1,500 USD  |

#### FEE

#### \*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 sales
5. The product or service displayed must be the company's primary business

## Payment Method

Full payment is due by Jan. 24, 2020.

**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.

## Terms & Conditions

1. 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 Jan. 24, 2020 for consideration.
3. This Application will not become a binding Contract until 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) 69<sup>th</sup> Annual Scientific Session & Expo together with the World Congress of Cardiology (ACC.20/WCC). 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.20/WCC Annual Scientific Session & Expo Rules, Regulations, Terms & Conditions found at [www.expo.acc.org](http://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): \_\_\_\_\_

Date: \_\_\_\_\_

## Send Applications to:

Christy Troiano  
[ctroiano@acc.org](mailto:ctroiano@acc.org)

## Questions?

Please contact Christy Troiano, Director, Meeting Exposition Sales & Strategy, at [ctroiano@acc.org](mailto:ctroiano@acc.org).

#### FOR ACC USE ONLY

Date Received \_\_\_\_\_ Assignment Date \_\_\_\_\_

Slot Assigned \_\_\_\_\_

Amount Due \_\_\_\_\_ Amount Paid \_\_\_\_\_

Cancelled Date \_\_\_\_\_ Liquidated Damages \_\_\_\_\_

Accepted by \_\_\_\_\_

Date \_\_\_\_\_