

Company & Contact Information (Please print clearly.)

Company Name: _____
Street Address: _____
City/Province: _____ State/Country: _____ ZIP/Postal Code: _____
Contact: _____ Title: _____
Direct Phone: _____ Mobile Phone: _____
Contact's Email (required): _____
If company exhibits at ACC under a different name, what is it? _____

Three Slots per Time Period—Submit One Application for Each Event Requested (Please indicate preferred time slot.)

Friday, March 27 <input type="checkbox"/> 6:00 pm–Midnight (\$48,000)	Saturday, March 28 <input type="checkbox"/> 5:30 am–7:45 am (\$20,000) <input type="checkbox"/> 6:30 pm–Midnight (\$58,000)	Sunday, March 29 <input type="checkbox"/> 5:30 am–7:45 am (\$20,000) <input type="checkbox"/> 6:30 pm–Midnight (\$58,000)	Monday, March 30 <input type="checkbox"/> 5:30 am–7:45 am (\$15,000)
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Event Title: _____
Event Topic (e.g., AFib, beta blockers): _____
Event Description: _____

Target Audience (e.g., interventionalists, pediatric cardiologists): _____
Anticipated Number of Attendees: _____

Payment Method

Check or Wire Transfer—Upon assignment of a slot, ACC will invoice the company/organization—50% of the total amount will be due by Nov. 1, 2019, and the balance will be due by Jan. 24, 2020. As of Jan. 24, 2020, full payment is required with application. All wire transfer fees are Participant's responsibility. Please note "ACC PTE" in the memo field of the check to ensure correct application of funds.

Credit Card—An invoice will be sent with instructions to submit credit card payment online. ACC will charge the credit card provided 50% of the total amount due by Nov. 1, 2019, and the balance will be charged by Jan. 24, 2020. As of Jan. 24, 2020, full payment will be required with application.

Questions? Please contact Christy Troiano, Director, Meeting Exposition Sales & Strategy, at (202) 375-6118 or ctroiano@acc.org.

Agreement

I, the undersigned, hereby make application for a Prime Time Event at , the American College of Cardiology's (ACC's) 69th Annual Scientific Session & Expo together with World Congress of Cardiology (ACC.20/WCC). I am an authorized representative of the company/organization 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, the Exhibitor Service Kit, the Prime Time Events Guidelines and all policies, rules and regulations adopted by ACC hereinafter.

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

This application will not become a binding contract until a slot is assigned and this application is approved and signed by ACC.

Send Applications by Nov. 1, 2019, to:

Scan & Email: ctroiano@acc.org Fax: 202-375-6838

FOR ACC USE ONLY	
Date Received _____	Assignment Date _____
Slot Assigned _____	
Amount Due _____	Amount Paid _____
Cancelled Date _____	Liquidated Damages _____
Accepted by _____	
Date _____	