

## **Application & Contract** for Industry-Expert Theater<sup>TM</sup>

|                                      | Company & Contact Information (Please print clearly.)  |   |   |                  |   |
|--------------------------------------|--|---|---|------------------|---|
| Cor                                  | ompany Name:   |   |   |                  |   |
| Stre                                 | treet Address:   |   |   |                  |   |
| City                                 | ity/Province:St  | tate/Country:   |   | ZIP/Postal Co    | de:   |
| Contact:                             |  |   | Title:  |                  |   |
| Direct Phone: Mobile Phone: Co       |  |   | ontact's Email (required):  |                  |   |
| If co                                | company exhibits at ACC under a different name, what is it?  |   |   |                  |   |
|                                      |  |   |   |                  | ]   |
|                                      | <b>Date</b><br>Saturday, April 6   | Time<br>10:15 am – 11:15 am<br>12:45 pm – 1:45 pm<br>3:15 pm – 4:15 pm                | Price<br>\$43,000<br>\$45,000<br>\$34,000   |                  |   |
|                                      | Sunday, April 7  | 9:15 am – 10:15 am<br>11:15 am – 12:15 pm<br>3:30 pm – 4:30 pm                        | ' '   |                  |   |
|                                      | Monday, April 8  | 9:45 am – 10:45 am<br>12:15 pm – 1:15 pm  | \$42,000<br>\$44,000  |                  |   |
|                                      | ayment Method  I Check or Wire Transfer—Upon assignment of a slot, ACC v   |   | Agreement I, the undersigned, hereby make application for a slot in the Industry-Expert   |                  |   |
| the and pay respense care total Feb. | ne Participant — 50% of the total amount will be due by Oct. 2 and the balance will be due by Feb. 16, 2024. As of Feb. 16, 20 ayment is required with application. All wire transfer fees are Fesponsibility. Please note "ACC IET" in the memo field of the consure correct application of funds.  I Credit Card—An invoice will be sent with instructions to subtand payment online. ACC will charge the credit card provided stall amount due by Oct. 20, 2023, and the balance will be charge by 16, 2024. As of Feb. 16, 2024, full payment is required wit poplication. | millinoide 0, 2023, 124, full Participant's check to  mit credit 50% of the rged by h | Theater™ at the American College of Cardiology's (ACC) 73 <sup>rd</sup> Annual Scientific Session & Expo (ACC.24). I am an authorized representative of the company applying for an Industry-Expert Theater time slot ("Participant") with the full power and authority to sign and deliver this Application. Upon Participant's signature and ACC's acceptance and approval of this Application, Participant agrees: (1) this Application becomes a binding contract ("Contract") between ACC and Participant; and (2) to comply with the ACC.24 Annual Scientific Session & Expo Rules, Regulations, Terms & Conditions, the Exhibitor Service Kit, the Industry-Expert Theater Guidelines and all other terms and policies adopted hereafter by ACC (collectively, "ACC.24 Rules"), which can be found at <a href="https://www.expo.acc.org">www.expo.acc.org</a> and are incorporated hereto. |                  |   |
| Qu                                   | uestions?  |   | Authorized Officer's Name:  |                  |   |
|                                      | lease contact Christy Troiano, Director, Meeting Exposition Satrategy, at (202) 375-6118 or ctroiano@acc.org.  | ales &  | Title: Authorized Officer's Signature (Required):   |                  |   |
|                                      |  |   | Date:   |                  |   |
|                                      |  |   | Send Applications by Oct. 20, 2023, to:   |                  |   |
|                                      |  |   | Scan & Email:   | ctroiano@acc.org | Fax: (202) 375-6838                             |
| Ter<br>1.                            | Oct. 20, 2023, for consideration.  |   | FOR ACC USE ONL Date Received Slot Assigned Amount Due  |                  | Assignment Date  Amount Paid Liquidated Damages |
| 2.                                   |  |   | Accepted by   |                  |   |
| 3.                                   |  |   | Date  |                  |   |