



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 annual sales; and
5. The product or service displayed must be the company's primary business.

Payment Method

Full payment is due by Feb. 16, 2024.

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 _____ Assignment Date _____

Slot Assigned _____

Amount Due _____ Amount Paid _____

Cancelled Date _____ Liquidated Damages _____

Accepted by _____

Date _____

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 Feb. 16, 2024 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) 73rd Annual Scientific Session & Expo (ACC.24) 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.24 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): _____

Date: _____

Send Applications to:

Christy Troiano
ctroiano@acc.org

Questions?

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