

Company & Contact Information

(Please print clearly.)

Company Name: _____

Doing business as: _____

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

☐ 6:00 pm–Midnight (\$48,000)

Saturday, March 29

☐ 5:30 am–8:00 am (\$20,000)

☐ 5:30 pm–Midnight (\$58,000)

Sunday, March 29

☐ 5:30 am–8:00 am (\$20,000)

☐ 5:30 pm–Midnight (\$58,000)

Monday, March 30

☐ 5:30 am–8:00 am (\$15,000)

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 approval of the Event and assignment of a date and time slot, ACC will invoice the Participant—50% of the total amount will be due by Oct. 10, 2025, and the balance will be due by Feb. 13, 2026. As of Feb.13, 2026, full payment is due 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 Oct. 10, 2025, and the balance will be charged by Feb. 13, 2026. As of Feb.13, 2026, full payment will be charged to the credit card provided with application.

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

Send Applications by Oct. 10, 2025, to:

Scan & Email: ctroiano@acc.org

Agreement

I, the undersigned, hereby make application for a Prime Time Event™ ("Application") at the American College of Cardiology's ("ACC") 75th Annual Scientific Session & Expo ("ACC.26"). I am an authorized representative of the company applying for a Prime Time Event™ ("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.26 Annual Scientific Session & Expo Rules, Regulations, Terms & Conditions*, the Exhibitor Service Kit, the *Prime Time Event™ Guidelines* and all other terms and policies adopted hereafter by ACC (collectively, "ACC.26 Rules"), which can be found at www.expo.acc.org and are incorporated hereto.

Authorized Officer's Name: _____

Title: _____

Authorized Officer's Signature (Required): _____

Date: _____

FOR ACC USE ONLY

Date Received _____ Assignment Date _____

Slot Assigned _____

Amount Due _____ Amount Paid _____

Cancelled Date _____ Liquidated Damages _____

Accepted by _____

Date _____