



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	FEE
<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

*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 18, 2022.

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 18, 2022 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) 71st Annual Scientific Session & Expo (ACC.22). 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.22 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.