



ACC.18
67th Annual Scientific Session & Expo

Application & Contract for Industry-Expert Theater™

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? _____

Date	Time	Price
Saturday, March 10	10:15 am – 11:15 am	\$41,000
	12:45 pm – 1:45 pm	\$43,000
	3:45 pm – 4:45 pm	\$32,000
Sunday, March 11	9:45 am – 10:45 am	\$41,000
	12:45 pm – 1:45 pm	\$43,000
	3:45 pm – 4:45 pm	\$32,000
Monday, March 12	9:45 am – 10:45 am	\$41,000
	11:30 am – 12:30 pm	\$43,000

Payment Method

☐ **Check or Wire Transfer**—Upon assignment of a slot, ACC will invoice the Participant. 50% of the total amount will be due by Oct. 13, 2017, and the balance will be due by Jan. 5, 2018. As of Jan. 5, 2018, full payment is required with application. All wire transfer fees are Participant's responsibility. Please note "ACC IET" in the memo field of the check to ensure correct application of funds.

Please Note: A credit card number with authorization to charge is required to secure a company's application and must be provided with all applications. Please complete the credit card section below. If 50% payment is not received by Oct. 13, 2017, ACC will charge the credit card the amount due.

☐ **Credit Card**—ACC will charge the credit card provided 50% of the total amount due by Oct. 13, 2017, and the balance will be charged by Jan. 5, 2018. As of Jan. 5, 2018, full payment is required with application.

All Applicants Must Provide:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Number: _____

Exp. Date: _____ CSV # (3- or 4-digit security code): _____

Cardholder's Name: _____

Cardholder's Phone: _____

Cardholder's E-mail: _____

I, the undersigned, authorize the American College of Cardiology to charge my credit card for up to \$43,000 or the total cost of my company's Theater slot, whichever is less.

Cardholder's Signature (Required): _____

Questions?

Please contact Birgit Roy, Senior Director, Corporate Partnerships & Business Development, at (732) 778-3276 or broy@acc.org.

Terms & Conditions

- Only exhibiting companies in good standing with ACC are permitted to submit an application for a slot. Exhibiting companies must settle any outstanding balances from current and/or previous ACC events in order for their applications to be considered.
- Applications must be received **by 1:00 p.m. Eastern Time on Friday, Sept. 1, 2017**, for consideration.
- 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 a slot in the Industry-Expert Theater™ at the American College of Cardiology's (ACC's) 67th Annual Scientific Session & Expo. 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.18 Annual Scientific Session & Expo Rules, Regulations, Terms & Conditions found at www.expo.acc.org, the Exhibitor Service Kit, the Industry-Expert Theater Guidelines and all policies, rules and regulations adopted by ACC hereinafter.

Authorized Officer's Name: _____

Title: _____

Authorized Officer's Signature (Required): _____

Date: _____

Send Applications by Sept. 1, 2017, to:

Scan & Email: broy@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 _____