



67<sup>th</sup> Annual Scientific Session & Expo

ACC.18

# Application & Contract for Innovation Stage™

## 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? \_\_\_\_\_

Saturday, March 10	Sunday, March 11	Monday, March 12
9:45 am – 10:15 am	9:45 am – 10:15 am	9:45 am – 10:15 am
10:45 am – 11:15 am	12:30 pm – 1:00 pm	12:30 p.m. – 1:00 pm
12:30 pm – 1:00 pm	1:30 pm – 2:00 pm	
1:30 pm – 2:00 pm	3:45 pm – 4:15 pm	
3:45 pm – 4:15 pm		

### Innovation Stage Fees

- One or two slots: \$14,000 per slot
- Three or more slots: \$11,250 per slot, a 20% discount

## 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 IS" 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 the total cost of my company's Innovation Stage slot(s).

Cardholder's Signature (Required): \_\_\_\_\_

## Questions?

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

## Terms & Conditions

1. 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.
2. Applications must be received **by 1:00 pm Eastern Time on Friday, Sept. 1, 2017**, 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 \_\_\_\_\_ slot(s) in the Innovation Stage™ at a rate of \$\_\_\_\_\_ per slot, for a total of \$\_\_\_\_\_, at the American College of Cardiology's (ACC's) 67<sup>th</sup> 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](http://www.expo.acc.org), the Exhibitor Service Kit, the Innovation Stage Guidelines and all policies, rules and regulations adopted by ACC hereinafter.

Authorized Officer's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Authorized Officer's Signature (Required): \_\_\_\_\_

Date: \_\_\_\_\_

## Submit Applications by Sept. 1, 2017, to:

Scan & Email: [broy@acc.org](mailto: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 \_\_\_\_\_