

Application & Contract for Interactive Learning LabTM

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?	
 Conditions Only exhibiting companies in good standing with ACC are permitted to submoutstanding balances from current and/or previous ACC events in order for t Right of first refusal Applications must be received by 1:00 p.m. Eastern Tir This application will not become a binding Contract until this application is application. 	heir applications to be considered. ne on Friday, September 1, 2017, for consideration.
Learning Lab Sizes and Fees	
30'x40'—\$52,000	
Please complete one Application for each Learning Lab requested.	
Payment Method □ Check or Wire Transfer—Upon assignment of an Interactive Learning Lab, 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 ILL" 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 isn't 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.	I, the undersigned, hereby make application for an Interactive Learning Lab™ (check one): □ 30'x40'—\$52,000 □ 20'x20'—\$41,000 at the American College of Cardiology's (ACC's) 67 th 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 the policies, rules and regulations contained in the ACC.18 Rules, Regulations, Terms & Conditions, the Exhibitor Service Kit, the Interactive Learning Lab Guidelines and all policies, rules and regulations adopted by ACC hereinafter. Authorized Officer's Name:
All Applicants Must Provide:	
□ Visa □ MasterCard □ American Express □ Discover	Authorized Officer's Signature (Required):
Number:CCV # /2 or 4 digit acquirity and a):	2 .
Exp. Date: CSV # (3- or 4-digit security code):	Date:
Cardholder's Name:	Send Applications by Sept. 1, 2017, to:
Cardholder's Phone:	
Cardholder's E-mail:	Scan & Email: <u>broy @acc.org</u> Fax: (202) 375-6838
I, the undersigned, authorize the American College of Cardiology to charge my credit card up to \$52,000/\$41,000, as applicable.	
Cardholder's Signature (Required):	Questions?
	Please contact Birgit Roy, Senior Director, Corporate Partnerships & Business Development, at (732) 778-3276 or broy@acc.org .

FOR ACC USE ONLY Date Received _

Lab Assigned_ Amount Due

Cancelled Date

Accepted by Date

Assignment Date

Liquidated Damages

Amount Paid