



ACC.18

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

# Application & Contract for Prime Time Event™

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

### Three Slots per Time Period—Submit One Application for Each Event Requested (Please indicate preferred time slot.)

#### Friday, March 9

☐ 6:00 pm–Midnight (\$47,000)

#### Saturday, March 10

☐ 5:30 am–7:45 am (\$20,000)  
☐ 6:30 pm–Midnight (\$57,000)

#### Sunday, March 11

☐ 5:30 am–7:45 am (\$20,000)  
☐ 6:30 pm–Midnight (\$57,000)

#### Monday, March 12

☐ 5:30 am–7:45 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 assignment of a slot, ACC will invoice the company/organization—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 PTE" 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/organization's application and must be provided with all applications.** Please complete the credit card section below.

☐ **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 Email: \_\_\_\_\_

I, the undersigned, authorize ACC to charge my credit card for up to the total cost of my company's Prime Time Event slot.

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

**Questions?** Please contact Amy Peters, Director, Exposition, at 202-375-6282 or [apeters@acc.org](mailto:apeters@acc.org).

## Agreement

I, the undersigned, hereby make application for a Prime Time Event at ACC.17, the American College of Cardiology's (ACC's) 67<sup>th</sup> Annual Scientific Session & Expo. I am an authorized representative of the company/organization 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 Prime Time Events Guidelines and all policies, rules and regulations adopted by ACC hereinafter.

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

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

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

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

This application will not become a binding contract until a slot is assigned and this application is approved and signed by ACC.

### Send Applications by Oct. 13, 2017, to:

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