

ISHLT2019

Loews Meeting Complex, Orlando, Florida, USA • April 3-6, 2019



EXHIBIT BOOTH APPLICATION and CONTRACT

FOR ISHLT USE ONLY

Exhibiting Company Name: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Country: _____ Post Code: _____
 Phone: _____ Fax: _____
 Email: _____

DATE OF RECEIPT: _____
 TOTAL DUE: \$ _____
 AMOUNT PAID: \$ _____
 DATE PAID: _____
 BALANCE DUE: \$ _____
 BALANCE PAID: \$ _____
 DATE PAID: _____
 BOOTH(S) ASSIGNED: _____

AUTHORIZED SIGNATURE

PRINTED NAME

ISHLT will design the exhibit floor based on actual Exhibitor requirements. Please indicate your preferred booth locations below. **Do not concentrate your choices in the same area.**

BOOTH PRICES:
BOOTH SIZE:
 8' x 10' minimum
INSIDE BOOTH: \$3,000
CORNER BOOTH: \$3,500
ISLAND BOOTH: \$50/sq. foot

First Choice _____ Second Choice _____
 Third Choice _____ Fourth Choice _____
 Total # of booths requested: _____ Total Booth Cost: _____
 Exhibit Booth Height: _____
 We prefer to be near: _____
 We prefer not to be adjacent to: _____

PRODUCTS TO BE DISPLAYED:

Pharmaceuticals Instruments Equipment Books Other: _____

IN ORDER TO VALIDATE THIS CONTRACT:

1. We attach hereto our payment for \$ _____ per the above rate schedule for the above quantity of booth(s).
2. We agree that space assigned to us shall be accepted by us and we agree to accept reassignment, if necessary.
3. We agree to abide by the official exhibit Rules and Regulations regarding this exhibition.

NOTE: All Refunds will be processed after the meeting.

PAYMENT METHOD: Check VISA AMEX MasterCard

Checks must be payable in US dollars and drawn on a US bank.

Card Number: _____ Amount Enclosed/To Be Charged: \$ _____

Card Holder Signature: _____ CSC Code:* _____ Expiration. Date: _____

*CSC: Credit Card Security Code (is the 3 digit code on the back of MC/VISA card and 4 digit code on front of AMEX card)

Card Holder Name: _____ (MANDATORY) Card Holder Billing Zip/Postal Code: _____ (MANDATORY)

Card Holder Billing Address: _____

COMPANY NAME: _____ (AS IT WILL APPEAR IN EXHIBIT LISTING AND ON BOOTH SIGN)

CITY, STATE, COUNTRY: _____ (AS IT WILL APPEAR IN EXHIBIT LISTING)

PRODUCT DESCRIPTION FOR USE IN PROGRAM BOOK:

Please email your product description (not to exceed 100 words in length) to lisa.edwards@ishlt.org. Descriptions not received by January 25, 2019 will not be included in the Final Program Pocket Guide.

SIGN AND RETURN this contract including payment in full to the:

INTERNATIONAL SOCIETY FOR HEART AND LUNG TRANSPLANTATION
 14673 Midway Road
 Suite 200
 Addison, TX 75001

Ph: 972.490.9495

Lisa Edwards
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