

INTERNATIONAL ACADEMY OF CARDIOLOGY
15th WORLD CONGRESS ON HEART DISEASE
Annual Scientific Sessions 2010
VANCOUVER, BC, CANADA, JULY 24-27, 2010

APPLICATION FOR EXHIBIT SPACE

Please complete and return form, together with your payment to:

Exhibition Organizer

INTERNATIONAL ACADEMY OF CARDIOLOGY
15th WORLD CONGRESS ON HEART DISEASE
PO Box 17659, Beverly Hills, CA 90209, USA
Tel: +1 310 657 8777 Fax: +1 310 659 4781
E-mail: klimedco@ucla.edu

Identification

Please complete this section accurately: the information you provide will allow us to correspond with you efficiently, and will also be used on your Exhibitors' badges at the Congress.

Name of Company: (Please TYPE or PRINT IN BLOCK LETTERS) _____

Full Address _____

Street _____

City, State _____

Country _____ Zip/Postal Code _____

Telephone: Country code/city code/number _____

Fax: Country code/city code/number _____

E-mail _____

Person in charge of exhibit: _____

Surname _____ First Name _____ Title _____

Full names of Exhibitors (Two badges per 100sq.ft). If more than two names are required, please use a separate page as necessary

Surname _____ First Name _____ Title _____

Surname _____ First Name _____ Title _____

We wish to participate in the exhibition within the framework of the
15th WORLD CONGRESS ON HEART DISEASE

No. of Booths _____ totaling _____ sq. ft. at US\$15 per square feet
(minimum booth space, 100 square feet)

Enclosed is cheque no _____ representing 50% of the total payment.

We undertake to pay the balance before May 25, 2010.

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DESCRIPTION OF PRODUCTS / SERVICES:

(for publication in the official program. Please do not exceed 60 words)

WE HAVE READ THE REGULATIONS AND AGREE TO OBSERVE AND BE BOUND BY THEM:

Surname _____ First Name _____ Title _____

Date _____ Signature _____

Corporate Stamp _____