



Oregon  
CHAPTER

Oregon Chapter of the American College of Cardiology  
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Portland, OR 97238  
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## Exhibitor Contract and Registration

# 2010 Oregon Cardiovascular Symposium

Sponsored by the Oregon Chapter of the American College of Cardiology  
Doubletree Lloyd Center – Portland, Oregon – June 5 – 6, 2010

Company Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Please reserve \_\_\_ booth for my company at the rate of \$1500 per 7' by 8' space.

*Note: One company line per booth. For companies with multiple product names that want to present the different product lines – please contact alan@cardiologyinoregon.org for special pricing on adjoining booth space.*

Symposium Representatives: 1) \_\_\_\_\_ 2) \_\_\_\_\_

*A maximum of 2 company representatives may be registered for each booth space reserved. If you have additional representatives who wish to attend all or part of the Symposium – please contact alan@cardiologyinoregon.org for registration pricing.*

Contact us Regarding: 1) Sponsoring an event Yes \_\_\_ No \_\_\_ 2) Unrestricted Educational Grants Yes \_\_\_ No \_\_\_

Please indicate the name of any company or products you do not wish to be adjacent to \_\_\_\_\_

Product or service that will be displayed \_\_\_\_\_

In submitting this application, We/I agree to abide by all the requirements and obligations as mentioned under "Terms and Conditions" in the Exhibitor/Sponsor Prospectus which is a part of this application. You are hereby authorized to reserve space for our company in the exhibit area as indicated on this application for the Oregon Cardiovascular Symposium.

Signature of Authorized Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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Exhibit Fee includes: One (1) Exhibit Space 7' x 8', One (1) 6' draped table and 2 chairs, Two (2) full registrations per booth  
Additional Information: The Saturday breakfast and breaks will be held in the exhibit area. Attendees will have access to the exhibit area during meeting hours. Teardown of your booth will occur after the final exhibit session on Saturday afternoon.

Terms and Conditions:

1. The Oregon Chapter of the American College of Cardiology (OR-ACC) reserves the right to refuse exhibit privileges to any company. Exhibitors are requested not to hold receptions that conflict with any educational or social events sponsored by OR-ACC.
2. All exhibit spaces must be prepaid in full.
3. Each party involved in the Symposium agrees to be responsible for any claims arising out of its own negligence or that of its employees or agents. Each party agrees to be responsible for its own property through insurance or self-insurance and shall hold harmless each of the other parties for any and all damage caused by injury, theft, loss or damage and those perils normally covered by fire and extended coverage policies.

The Oregon Chapter of the American College of Cardiology is a 501(c)(6) organization. Federal Tax ID number is 94-3198757.

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For more information or questions, please contact Alan Morasch, Oregon ACC Chapter Administrator  
Send signed original and payment to: Oregon Chapter of the ACC, PO Box 55424, Portland, OR 97238