

Exhibitor Agreement

The NorthEast Cerebrovascular Consortium - October 26 - 27, 2017



Company Name _____

This is how it will appear on printed materials. Additional information will be requested in the confirmation email.

Commitment Level:

- Stroke Tank Premier Sponsor: \$40,000 Stroke Tank Presenting Sponsor: \$20,000
 Platinum: \$10,000 Gold: \$5,000 Silver: \$3,500 Bronze: \$2,500

The purpose of the event is to benefit The NorthEast Cerebrovascular Consortium (NECC) and improve stroke systems of care in the region, not to endorse or promote any product or service of sponsor or of any third party.

- Checks should be made payable to: American Heart Association
 - The American Heart Association/American Stroke Association serves as the fiscal agent for The NECC. The AHA's Tax ID # is 13-5613797.
- All printed materials that include The NECC logo must be reviewed by The NECC prior to print and receive written approval.
- The entire liability of The NECC, and sponsors exclusive remedy for damages from any cause related to or arising out of this agreement, will not exceed a refund of monies actually paid to The NECC by sponsor and not yet expended by The NECC.

Exhibitor Contact Information:

Name _____ Credentials _____ Title _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Signature _____ Date _____

My signature indicates authorization to make this commitment on behalf of the company.

Avoid assignment next to _____

- I WILL be attending as one of the Representatives. I WILL NOT be attending. Please contact _____ at _____ for Exhibit Booth logistics.
(email)

Method of Payment:

- Check enclosed Check will be mailed separately *(Please make all checks payable to: American Heart Association)*
 Email invoice to _____
 Credit Card To process your payment, please visit www.heart.org/NECC2017Exhibitor

Payment Contact Information:

Kayleigh Newell
Associate Director, Quality Improvement Initiatives
& Professional Education
5 Brookside Drive, Wallingford, CT 06492

(518) 312-1812 (Phone)
(518) 925-9496 (Fax)
Kayleigh.Newell@heart.org

Please return signed form via fax (518) 925-9496 or email Kayleigh.Newell@heart.org