## 31<sup>ST</sup> ANNUAL CONTROVERSIES IN CARDIAC ARRHYTHMIAS



Friday, September 29, 2023 | The Cosmos Club | Washington, DC

## **EXHIBITOR APPLICATION**

COMPANY NAME			
COMPANY ADDRESS			
CITY	STATE	ZIP CODE	
WEBSITE			
COMPANY CONTACT TI	TLE	EMAIL	
PHONE C	ELL PHONE	FAX	
AUTHORIZED SIGNATURE By signing above, the individual signing this contract represents and war NAME OF CORRESPONDENCE AND BILLING CONTACT (If STREET ADDRESS OF CORRESPONDENCE AND BILLING (	other than signer)	execute this binding contract. Insert digital signature or print and fax.	
CITY S	TATE	ZIP CODE	
PAYMENT INFORMATION Amount (in US dollars): Premium - \$10,000 Standard - \$5,000	In the event the space, the ex MWHC fees the start of the	TION POLICY hat an exhibitor cancels all or part of the contracted exhibit hibitor must do so in writing and will be obligated to pay based on the following schedule: Before August 25, 2023, it fee refunded. No refunds will be given after 123	
SUBMIT APPLICATION SAVE application then CLICK "SUBMIT" or FAX TO (202) 877	Leek hedre	entitles the exhibitor to admittance to all sessions.	
MAIL PAYMENT TO   MedStar Washington Hospital Center   Attention: Debbie F. Schapiro   110 Irving Street, NW, Suite 6B4   Washington, DC 20010		By submitting this application we hereby agree to the terms and conditions	
	To SUBMIT a	To SUBMIT application, please save the file and click "Submit".	
<b>TERMS AND CONDITIONS OF PAYMENT</b> Application will not be deemed complete unitl full payment of be fee is received. Applications submitted without full payment will be processed. Please make checks payable to: MedStar Washington Hospital Center (Tax ID #52-1272129) We hereby apply for exhibit space for our use at the conference	not Questions? e Please call D	Debbie Schapiro at	
indentified. We understand that this application becomes a conwhen signed by us and accepted by MWHC.		98 or email at Debbie.F.Schapiro@MedStar.net	