

**14th WORLD CONGRESS ON HEART DISEASE**  
INTERNATIONAL ACADEMY OF CARDIOLOGY  
Annual Scientific Sessions 2008  
TORONTO, ON, CANADA, JULY 26 -29, 2008

### **APPLICATION FOR EXHIBIT SPACE**

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

**Exhibition Organizer**

INTERNATIONAL ACADEMY OF CARDIOLOGY  
14th 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](mailto: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  
14th 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 April 25, 2008.

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INTERNATIONAL ACADEMY OF CARDIOLOGY  
Annual Scientific Sessions 2008  
Toronto, ON, Canada, July 26 -29, 2008

**DESCRIPTION OF PRODUCTS / SERVICES:**  
(for publication in the official program. Please do not exceed 60 words)

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

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Corporate Stamp \_\_\_\_\_