

**Exhibitor Agreement**  
**2018 Western Atrial Fibrillation (WAF) Symposium**  
**February 23-24, 2018**  
**DoubleTree by Hilton Hotel Park City**

Company/Division \_\_\_\_\_

Exhibitor Name for Event Guide: \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Website \_\_\_\_\_

Primary Contact: Name \_\_\_\_\_

Primary Contact: Email \_\_\_\_\_ Tel \_\_\_\_\_

Alternate Contact: Name \_\_\_\_\_

Alternate Contact: Email \_\_\_\_\_ Tel \_\_\_\_\_

Accounting Contact: Name \_\_\_\_\_ PO# \_\_\_\_\_

Accounting Contact: Email \_\_\_\_\_

**Payment must be in the form of a check in U.S. funds drawn on a U.S. institution.\***

- Make Check Payable to “Medtelligence” (Federal ID # 27-1467100)

**Return Completed Application one of three ways:**

- Mail: Medtelligence, 2385 NW Executive Center Drive, Suite 100, Boca Raton, FL 33431
- Email: mmarte@medtelligence.net
- Fax: 561-877-8588

Agreement: We, the undersigned, hereby make application for exhibit space to the 2018 WAF Symposium. A signature on this application indicates understanding and agreement to comply with all policies, rules, regulations, terms and conditions in the Prospectus and any others issues by the WAF Symposium 2018 regarding the Exhibit Area. Willingness to abide by the payment policy, acknowledgement of having read the rules & regulations, and the agreement to the WAF Symposium 2018 rules & regulations are an integral and binding part of this contract. Payment must accompany this application.

Signature of Authorizing Officer \_\_\_\_\_ Date \_\_\_\_\_

Name of Authorizing Officer (Print) \_\_\_\_\_

Title of Authorizing Officer \_\_\_\_\_

**For company representatives who will be staffing the exhibit booth or attending the conference, please contact Justina Smith at: [justina.smith@carma.utah.edu](mailto:justina.smith@carma.utah.edu).**

\*Foreign checks will not be accepted. Bank drafts will not be accepted, unless requested in writing.