3rd Annual

MS ADVANCED INNOVATIONS IN HEART FAILURE

Cases, Controversies and State-of-the-Art Update in Heart Failure and Advanced Cardiac Care

Application to Exhibit

To reserve your exhibit space, please complete this form and return to Gaffney Events via fax at (425) 788-0668 or email, jennifer@gaffneyevents.com. Space is limited and will be reserved on a first-come, first-served basis. **Note:** Booth locations will be released on-site.

EXHIBIT FEES

☐ 6' Table Top Exhibit	$3,000.00	(Includes 3 complimentary full-meeting badges)
☐ 10' x 10' Exhibit	$5,000.00	(Includes 6 complimentary full-meeting badges)

EXHIBIT LOCATION

The New York Academy of Medicine
President's Gallery (Directly across from General Session) • 1216 Fifth Avenue • New York, NY 10029

Each exhibit includes:

- 1 - 6' Table
- 2 Side Chairs
- 1 - 10 amp Electrical Outlet
- 1 Wastepaper Basket

EXHIBIT HOURS

• Wednesday, October 10th	2:00 p.m. to 6:00 p.m.	(Exhibit Set-Up)
• Thursday, October 11th	7:45 a.m. to 5:30 p.m.	Exhibits Open
	5:30 p.m. to 6:30 p.m.	Welcome Cocktail Reception
	6:30 p.m. to 7:30 p.m.	(Exhibit Tear-Down)

COMPANY CONTACT INFORMATION

COMPANY NAME: _____

CONTACT PERSON: _____

TITLE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____

Please Make Checks Payable To:

Gaffney Events Educational Trust
C/O 2018 MS Advanced
Tax ID #47-3109028
27322 NE 143rd Place
Duvall, WA 98019

Please Mail Application and Check To:

Attn: Tricia Gaffney
Gaffney Events
27322 NE 143rd Place
Duvall, WA 98019
PH: 206.310.3612

gaffneyevents

Payment Via Credit Card: **Please note a 3% Service charge will be added*

☐ Visa ☐ MasterCard ☐ American Express

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD NUMBER: _____ CVC: _____

ADDRESS: _____ EXP. DATE: _____

SIGNATURE: _____

THURSDAY, OCTOBER 11, 2018 | NEW YORK, NY