

INTERNATIONAL ACADEMY OF CARDIOLOGY  
8TH WORLD CONGRESS ON  
**HEART FAILURE**  
- MECHANISMS AND MANAGEMENT  
WASHINGTON, DC, USA, JULY 13-16, 2002

**APPLICATION FOR EXHIBIT SPACE**

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

**Exhibition Organizer**

8th World Congress on Heart Failure – Mechanisms and Management  
PO Box 17659, Beverly Hills, CA 90202, USA  
Tel: +1 310 657 8777; Fax: +1 310 275 8922  
E-mail: 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 8thWorld Congress on Heart Failure – Mechanisms and Management with a Booth Stand totaling \_\_\_\_\_ sq.ft.

Enclosed is cheque no \_\_\_\_\_ representing 50% of the total payment.

We undertake to pay the balance before April 25, 2002.

**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

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