

ORGANIZATION INFORMATION

Organization Name _____ Organization Legal Status: Non-profit For-profit

Organization Address _____

Organization Phone Number _____

Organization Email _____

Organization URL _____

Contact Name _____

Contact Phone number _____ Contact Email _____

Authorized Contract Signer _____

EVENT INFORMATION

Location _____ Date(s) _____

Are you interested in a multi-year contract? Yes No

Anticipated number of attendees _____

Geographic location of the attendees _____

Official language of the event _____

Format: Live Hybrid Virtual

Event URL _____

Will you organize the event yourself? Yes No

If no, please indicate contact information of the third-party company _____

PROPOSAL

Summarize your experience in organizing medical conferences

Summarize your knowledge of ACC and the cardiology field

Describe how you will generate the necessary funding for this event

Are you interested in including slides from one or more of the Late Breaking Clinical Trials for an additional fee? Yes No

In order to have this proposal reviewed by ACC, a mandatory budget will have to be provided. Budget should include venue costs, AV, faculty honoraria, etc. I understand this requirement and I have attached the required budget: Yes No

Do you plan to post or distribute ACC content after the end of the event: Yes No

If yes, please describe (please note that it will require a separate agreement)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Print Full Name: _____

Signature: _____ Date: _____