



#### ORGANIZATION INFORMATION

Organization Name \_\_\_\_\_ Organization legal status: Non-profit ☐ or-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: \_\_\_\_\_