Mastering Cardiac & Vascular Complications 2026

MedStar Washington Hospital Center

August 14 - 15, 2026 | Yours Truly Hotel | Washington, DC

EXHIBITOR APPLICATION

COMPANY NAME

COMPANY ADDRESS

CITY | STATE | ZIP CODE

WEBSITE

COMPANY CONTACT | TITLE | EMAIL

PHONE | CELL PHONE | FAX

AUTHORIZED SIGNATURE

By signing above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract. Insert digital signature or print and fax.

NAME OF CORRESPONDENCE AND BILLING CONTACT (If other than signer)

STREET ADDRESS OF CORRESPONDENCE AND BILLING CONTACT (If other than signer)

CITY | STATE | ZIP CODE

PAYMENT INFORMATION

- ☐ Tier 1: One 6' Table - $7,500
- ☐ Tier 2: Two 6' Tables - $10,000
- ☐ Tier 3: 15 minute Product Showcase - $15,000

MAIL PAYMENT TO

MedStar Washington Hospital Center
Attention: Andrew Stowell
110 Irving Street, NW, Suite 6B4
Washington, DC 20010

SUBMIT APPLICATION

SAVE application then CLICK "SUBMIT" or FAX TO (202) 877-8579

TERMS AND CONDITIONS OF PAYMENT

Application will not be deemed complete unitl full payment of booth fee is received. Applications submitted without full payment will not be processed. Please make checks payable to:
MedStar Washington Hospital Center (Tax ID #52-1272129)

We hereby apply for exhibit space for our use at the conference identified. We understand that this application becomes a contract when signed by us and accepted by MWHC.

BOOTH ASSIGNMENTS

MWHC will make final booth assignments based on availability.

CANCELLATION POLICY

In the event that an exhibitor cancels all or part of the contracted exhibit space, the exhibitor must do so in writing and will be obligated to pay MWHC fees based on the following schedule: before June 30, 2026, 50% of the exhibit fee will be refunded. No refunds will be given after 5:00 PM ET on June 30, 2026.

Each badge entitles the exhibitor to admittance to all sessions. Course materials will be made available on the final day of the conference, subject to availability.

By submitting this application we hereby agree to the terms and conditions. **To SUBMIT application, please save the file and click "Submit".**

SUBMIT RESET

Questions?

Please call Andrew Stowell at (703) 409-7197
or email at Andrew.M.Stowell@MedStar.net