

# Exhibitor Information & Registration Form The Arkansas Chapter of the American College of Cardiology February 20-21, 2026 | Little Rock Marriott Downtown Little Rock, AR

Exhibitor setup will be on Friday, February 20<sup>th</sup> starting at 1:00pm. Exhibits will be open on Saturday, February 21<sup>st</sup> from 8:00am until 4:00pm at the Marriott Arkansas Ballroom in Little Rock, AR.

# **Opportunities to Highlight Your Company**

Opportunities are available to highlight your company at the meeting through financial contributions. Contributions will be acknowledged as follows:

- Signage at the registration desk acknowledging your company's support.
- Signage throughout the event thanking your company for its support.
- Signage at your tabletop exhibit acknowledging your company's support beyond the tabletop exhibit.
- Acknowledgement of your company's support in the Arkansas Chapter of the ACC meeting program and newsletter
- Premier placement on our website (Contingent on contribution level.)

### Please check only one box

□ \$4	1,000.	00 –	Gold	Contribut	or
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- ✓ Sponsorship of the Welcome Reception on Friday Evening with Verbal Recognition
- ✓ Digital Placement on Monitor(s) or signage at the Marriott
- ✓ Web Banner on AR ACC Homepage and Attendee Registration Page with Logo and Link
- ✓ Prime Location of Tabletop Exhibit

## □ \$3,000.00 – Silver Contributor

- ✓ Sponsorship of the Conference Breakfast or Lunch on Saturday with Verbal Recognition
- ✓ Digital Placement on Monitor(s) or signage at the Marriott
- ✓ Web Banner on Attendee Registration Page
- ✓ Prime Location of Tabletop Exhibit

### □ \$2,000 – Bronze Contributor

- ✓ Sponsorship of the Afternoon Break
- ✓ Web Banner on Attendee Registration Page
- ✓ Prime Location of Tabletop Exhibit
- □ \$1,250.00 Tabletop Exhibit Only

Exhibitor Registration Form				
Company:	Total Amount Enclosed:			
Coordinator's name:	Payment: ☐ Check   ☐ Visa   ☐ MC   ☐ American Express			
Coordinator's email:	Credit card number:			
Coordinator's cell phone:	Expiration date:			
Representative:	Security code:			
Reps' email:	Cardholder's name:			
Reps cell phone:	Billing address on card:			
Email for receipt:	City/state/zip:			
	to abide by the following rules: 1) No competing function will be allowed during this me e AR ACC; and 3) the AR ACC will not be responsible for any injury to any exhibitor or			

Refund Policy: To cancel exhibit space a written notification to the AR ACC office must be received by February 6, 2026. No refunds

Mail Checks To: AR ACC, PO Box 55088, Little Rock, AR 72215

after that date.