

EXHIBITOR APPLICATION

October 1-3, 2015 | Denver, Colorado

**Become
an FMX Sponsor**
[\(CLICK HERE\)](#)

1) CONTACT INFORMATION

Company Name _____		Exhibiting as (if different) _____	
Primary Contact Name _____		Title _____	
Address _____	City _____	State _____	Zip _____
() _____			
Telephone _____	Ext. _____	Contact Email (REQUIRED-FOR AAFP USE ONLY) _____	
Is this your first time exhibiting at FMX? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2) EXHIBIT SPACE — View the live floor plan at www.aafp.org/assembly

IMPORTANT NOTE: Hall F of the Colorado Convention Center must be cleared by 11:59 p.m., Saturday, October 3, 2015, therefore all exhibitors assigned in Hall F must also be out and all items removed by this deadline.

# of booths	BOOTH SIZE	2015 PRICE
_____ \$3,000 – 10' x 10' inline	10' x 10' inline	\$3,000
_____ \$3,200 – 10' x 10' corner	10' x 10' corner	\$3,200
_____ \$2,000 – Nonprofit 501(c)3	20' x 20'	\$16,000
_____ Island _____' x _____'	20' x 30'	\$23,500
Booth # – 1st Choice _____	20' x 40'	\$31,000
Booth # – 2nd Choice _____	20' x 50'	\$38,500
	20' x 60'	\$46,000
	30' x 50'	\$57,250
	40' x 50'	\$76,000
	50' x 50'	\$94,750
	10' x 10' Non Profit 501(c)3	\$2,000
		Total Cost: \$ _____

Additional Opportunity

- \$450 Enhanced Exhibitor Listing - Mobile App
- Company highlighted in the exhibitor listing
 - Ability to Upload 5 PDFs to exhibitor listing
 - Logo displayed on mobile app floorplan

Booth space is provided with pipe and drape booth ID sign only; carpet, utilities and furnishings are a separate expense.

3) PAYMENT INFORMATION — Full payment is required within 30 days of receipt of invoice to retain exhibit space. (Tax ID #44-0536051)

Make checks payable to:

American Academy of Family Physicians

Check enclosed

Payment by credit card can be made online with receipt of your AAFP invoice.

Mail payments to:

Exhibit Sales
11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2672

Cancellation

Exhibit space that has been assigned and confirmed can be canceled by written notice to FMX. If notice of cancellation is received:

Before May 1, 2015

Exhibitor forfeits 50% of total cost for exhibit space assigned.

After May 1, 2015

Exhibitor forfeits 100% of total cost for exhibit space assigned.

I have read and understand the conditions of this contract. By signing below I am indicating my organization/program's agreement to abide by the AAFP's rules and regulations for FMX exhibitors as the same may be amended from time to time. I accept responsibility for informing all of our representatives of these conditions and for ensuring that they will abide by them also. I further understand the violation, cancellation policies and have reviewed the complete list of rules and regulations stated at www.aafp.org/fmx/exhibit.

Print Contact Name of Authorized Signature _____

Title _____

Signature (must be signed for acceptance of contract) _____

SUBMIT TO:

Keely McDannold | Email: kmcdannold@aaafp.org | Fax: (913) 906-6073