

# EXHIBITOR APPLICATION

September 21-23, 2016 | Orlando, Florida

## 1) CONTACT INFORMATION

Company Name _____		Exhibiting as (if different) _____	
Primary Contact Name _____		Title _____	
Address _____		City _____	State _____ Zip _____
( ) _____		Contact Email (REQUIRED-FOR AAFP USE ONLY) _____	
Telephone _____	Ext. _____		
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 <http://a2z.aafp.org/fmx2016/Public/eventmap.aspx?ver=HTML&shMode=E&ID=4175>

# of booths _____			
_____ \$3,100 – 10' x 10' inline	<b>BOOTH SIZE</b>	<b>2016 PRICE</b>	
_____ \$3,300 – 10' x 10' corner	10' x 10' inline	\$3,100	
_____ \$2,000 – Nonprofit 501(c)3	10' x 10' corner	\$3,300	
_____ Island _____' x _____'	20' x 20' island	\$16,400	
_____ Premium _____' x _____'	20' x 30' island	\$24,100	
<i>(Premium booths have been indicated on the floor plan.)</i>	20' x 40' island	\$31,800	
<i>Non-profit rate is granted to booths in the Public Resource Pavilion</i>	30' x 30' island	\$35,650	
Booth # – 1st Choice _____	30' x 50' island	\$58,750	
Booth # – 2nd Choice _____	40' x 50' island	\$78,000	
	50' x 50' island	\$97,250	
<b>Additional Opportunity</b>		Total Cost: \$ _____	
<input type="checkbox"/> \$450 Enhanced Exhibitor Listing - Mobile App <ul style="list-style-type: none"> <li>• Company highlighted in the exhibitor listing</li> <li>• Ability to Upload 5 PDFs to exhibitor listing</li> <li>• Logo displayed on mobile app floorplan</li> </ul>		<i>Booth space is provided with pipe and drape only; carpet, utilities and furnishings are a separate expense.</i>	

## 3) PAYMENT INFORMATION

### Make checks payable to:

American Academy of Family Physicians

Check enclosed

**Payments may be made by credit card on-line with receipt of booth confirmation email or invoice from AAFP. You will receive instructions with your confirmation email.**

### Mail payments to:

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

**Due with Application:** 25% deposit of total booth fee is due to secure assignment.

**January 15, 2016:** 50% of the booth fee is due.

**March 1, 2016:** 100% of the booth fee is due.

**Cancellation —** Exhibit space that has been assigned and confirmed can be canceled by written notice to AAFP. If notice is received:

### Before January 15, 2016

Exhibitor forfeits 25% of total cost of exhibit space assigned.

### Before March 1, 2016

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

### After March 1, 2016

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 <http://www.aafp.org/events/fmx/exhibitors/contract/rules.html>.

Print Contact Name of Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Signature (must be signed for acceptance of contract) \_\_\_\_\_

SUBMIT TO:

Julia Ozark, CEM | Email: [jozark@aaafp.org](mailto:jozark@aaafp.org)