

Application to Hold a Satellite Event

AAFP Scientific Assembly • San Diego, California

September 17 – 21, 2008

Providers/Sponsors planning to hold a Satellite Event during the AAFP Scientific Assembly must complete this application and agree to adhere to AAFP Guidelines for Satellite Events.

My signature below verifies that I have read and understand the conditions of this application, as well as the conditions and regulations published online at www.aafp.org/assemblysatelliteevents. I have also provided the contact information of all parties involved with this event. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I accept responsibility for informing all of our employees, speaker(s), supporter(s) and activity organizer of these conditions and for ensuring that they will abide by them also. I understand the penalties which may be assessed if we are in violation of these conditions. I also understand the cancellation policy for canceling our event.

Signature: _____
Provider/Sponsor (authorized representative: name and date)

Title of Event: _____

This application should be considered for a:

CME Event Promotional Event Focus Group

AAFP has a limited number of events per time slot. Please list first choice and second choice when indicating when you plan to hold your event:

a.m. Wed. lunchtime p.m.

Date: _____ Start Time: _____ End Time: _____

a.m. Wed. lunchtime p.m.

Date: _____ Start Time: _____ End Time: _____

Proposed location (hotel): _____

Once the application is approved for a specific time slot, providers/sponsors may not change date or time slot without AAFP approval.

When choosing your event date, be aware of AAFP events taking place. See AAFP scheduled events online at www.aafp.org/assemblysatelliteevents.

Provider/Sponsor:

(Organization e.g., hospital, university, etc. responsible for the overall event.)

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Is this event joint sponsored: Yes No

If yes, name of second provider:

(List contact information on separate page if different from activity organizer.)

Supporter(s)*:

(List additional supporters and co-marketing companies involved on separate page.)

Contact Name: _____

Phone: _____

E-mail: _____

* Supporters must exhibit at the 2008 AAFP Exposition in a minimum 400 square foot space. If the event has more than one supporter, only one is required to exhibit.

Activity Organizer (company handling event details), if applicable:

Contact Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Application Deadlines:

CME Event	March 5, 2008
Promotional Event	June 25, 2008
Focus Group	June 25, 2008

Approval of this application authorizes the provider/sponsor to proceed with making arrangements for the proposed activity. Hotels will not assign space until this application has received approval.



Send application with 25% of the administrative fee to:

Diane Schmid, American Academy of Family Physicians
11400 Tomahawk Creek Parkway, Leawood, KS 66211-2672
Phone: 800.274.2237, ext. 6542 • Fax: 913.906.6284 • E-mail: dschmid@aafp.org

Date received _____

Event # _____

