

Lead Management Order Form

2018 National Conference of Family Medicine Residents and Medical Students

August 2 - 4, 2018 Kansas City, MO

Company/Program Name:		Booth #:	
Contact Name:		Address:	
City:		State/Country:	Zip:
Mobile:	Fax:	Email:	

Capture resident and student leads from National Conference while on site through the AAFP's lead retrieval program partnership with Experient. Residents and students will have a bar code on their badge for exhibitors to scan with a mobile device (smartphone, tablet, etc.). The bar code will include name, medical school or residency program, and mailing address. Email addresses will only be included for those attendees who have not opted out of releasing this information.

The AAFP will pay for your first mobile device SWAP activation (per online exhibitor agreement submitted and by completing the order form below).

		# of activations	TOTAL
SWAP ® Native apps available for iPhone, iPad, and Android phones. Web mobile versions are available for all other internet capable devices.	One Complimentary Activation	check box to order	Complimentary
	Additional Activations @ \$29 per mobile device	 number x \$29	\$
Sub-Total			\$
10% Sales Tax			\$
		Total	\$

Order Confirmation will be delivered via email.

Terms and Conditions:

- Orders cannot be processed unless received with payment. Purchase Orders are not accepted. Send check or credit card information with order form.
- Paid orders cancelled prior to 30 days of the show will be subject to a 50% cancellation fee.
- Orders canceled within 30 days of the show will not be refunded.

SWAP

- · Download the app directly to your phone or device
- · Collect leads anytime, anywhere
- · SWAP automatically tracks leads by salesperson
- · Custom lead qualifiers
- All leads consolidated in your SWAP Portal for immediate follow-up
- · Ability to attach and send marketing materials directly from your device

Order Online: https://exhibitor.experientswap.com

Order by Mail: Experient, 5202 Presidents Court, Suite 310, Frederick, MD 21703

Order by Fax: 301.694.3286

		_				
In	dicate	Par	ment	-N/	leth	\cap
11 11	aicate	I a	y i i i Gi i L	ΙV	I G LI	IUU

☐ Check (Orders cannot be processed unless received with payment.)					
Visa	MasterCard	American Express	☐ DI	SCOVER	
Signature:_					
Card #:			_ Exp:	/	

For Assistance Contact:

Gem Hill

P: 888.267.4451

E: gem.hill@experient-inc.com

It is against Experient's security policy to accept credit card information via email.