

2018 DPC SUMMIT EXHIBITOR APPLICATION

July 13-15, 2018 | Indianapolis, Indiana

1) CONTACT INFORMATION

Company Name*		Exhibiting as (if different)*	
Primary Contact Name		Email	Cell Phone
Company Website URL*	City	State	ZIP
Company Address	City	State	ZIP

Is this your company's first time exhibiting? Yes No | *Items will be used in promotional materials. Please verify.

Please send a vector file or high-resolution image of your logo to Courtney Sleypen via email by May 16, 2018 for inclusion in the program.

2) EXHIBIT SPACE

_____ **\$2,500 – Exhibit Table** one 6 ft x 30 table or two high tops

- Attendee mailing list (name and city/state only per AAFP privacy guidelines)
- Two exhibitor badges (additional registrations available at \$350 each)
- Access to all Summit meals and refreshments

Booth amenities include:

- Selected table setup
- Wastebasket
- Electrical outlets
- Two chairs
- Wi-Fi

Additional opportunities:

Contact Courtney Sleypen at csleypen@aafp.org or (913) 906-6000, ext. 4103.

Badge Assignments

1. Full Name _____
Email _____
Title _____
City/State* _____
(If different from above)
2. Full Name _____
Email _____
Title _____
City/State* _____
(If different from above)

*Badge assignments can be changed by contacting Courtney Sleypen at csleypen@aafp.org.

3) PAYMENT INFORMATION — Full payment is required within 15 days of receipt of invoice to retain exhibit space. (Tax ID #44-0536051)

Check enclosed Pay by credit card

Make checks payable to:

American Academy of Family Physicians

Payment by credit card can be made after submission of application. Contact Courtney Sleypen for more information.

Mail payments to:

American Academy of Family Physicians, ATTN: Courtney Sleypen
11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2672

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 DPC Summit 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 and cancellation policies.

Cancellation

Exhibit space can be canceled by written notice to Courtney Sleypen at csleypen@aafp.org. If notice of cancellation is received:

On or before May 1, 2018

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

After May 1, 2018

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

Print Contact Name of Authorized Signature

Title

Signature (*must be signed for acceptance of contract*)

SUBMIT TO:

Courtney Sleypen | Email: csleypen@aafp.org | Fax: (913) 906-6078

