

NON-RESIDENCY PROGRAM EXHIBITOR APPLICATION

July 28–30, 2016 | Kansas City, Missouri



1) CONTACT INFORMATION

Program Name		Exhibiting as (if different)	
Primary Contact Name		Email	Phone
Address		City	State Zip
Is this your company's first time exhibiting? <input type="checkbox"/> Yes <input type="checkbox"/> No			

2) EXHIBIT SPACE *(All booths are 10'x10' or multiples of 10')* — View the live floor plan at www.aafp.org/nc

of booths _____

_____ \$1,500 • 10 x 10 booth _____ \$1,750 • Premium 10 x 10 booth
 Premium Booths have been indicated on the floor plan as "Premium."

Additional Opportunity Booth # - 1st Choice _____ Booth # - 2nd Choice _____

\$250 Enhanced Exhibitor Listing - Mobile App

- Company/Program highlighted in the Exhibitor listing
- Ability to Upload 3 PDFs to Exhibitor Listing
- Logo displayed on Mobile App Floorplan

Total Cost: \$ _____

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

<p>Make checks payable to: American Academy of Family Physicians</p> <p><input type="checkbox"/> Check enclosed</p> <p>Payment by credit card can be made online with receipt of your AAFP invoice. Email confirmation will provide login instructions.</p> <p>Mail payments to: Lacy Merritt, AAFP Accounting 11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2672</p>	<p>Cancellation Exhibit space can be canceled by written notice to Keely McDannold at kmcdannold@aafp.org. If notice of cancellation is received:</p> <p>Before April 1, 2016 Exhibitor forfeits 50% of total cost for exhibit space assigned.</p> <p>After April 1, 2016 Exhibitor forfeits 100% of total cost for exhibit space assigned.</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 National Conference 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/nc/exhibit.

Print Contact Name of Authorized Signature	Title	Signature <i>(must be signed for acceptance of contract)</i>
--------------------------------------------	-------	--------------------------------------------------------------