

RESIDENCY PROGRAM EXHIBITOR APPLICATION

July 28–30, 2016 | Kansas City, Missouri

**Become
a Sponsor**
(CLICK HERE)

1) CONTACT INFORMATION

Program Name _____ Exhibiting as (if different) _____
 Primary Contact Name _____ Email _____ () _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Is this your program's first time exhibiting? Yes No Program must be accredited to be eligible to exhibit.

2) CO-EXHIBITOR CONTACT INFORMATION (NO MORE THAN TWO RESIDENCY PROGRAMS MAY SHARE ONE 10'x10')

Program Name _____ Exhibiting as (if different) _____
 Primary Contact Name _____ Email _____ () _____ Phone _____
 Address _____ City _____ State _____ Zip _____
 Is this your program's first time exhibiting? Yes No

3) EXHIBIT SPACE (All booths are 10'x10') — View the live floor plan at www.aafp.org/events/national-conference/exhibitors.html

of booths _____
 _____ \$1,200 Residency Program _____ \$1,450 Premium Residency Program
 Premium Booths have been indicated on the floor plan as "Premium."
Additional Opportunity
 \$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
 Booth # - 1st Choice _____ Booth # - 2nd Choice _____
 Total Cost: \$ _____

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

Make checks payable to:

American Academy of Family Physicians

Check enclosed

Payment by credit card can be made online with receipt of your AAFP invoice. Email confirmation will provide login instructions.

Mail payments to:

Lacy Merritt, AAFP Accounting
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 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.

Cancellation

Exhibit space can be canceled by written notice to Keely McDannold at kmcdannold@aafp.org. If notice of cancellation is received:

Before April 1, 2016

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

After April 1, 2016

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:

Julia Ozark | Email: ncapplications@aafp.org | Fax: (913) 906-6073