

# RESIDENCY PROGRAM EXHIBITOR APPLICATION

July 28–30, 2016 | Kansas City, Missouri

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## 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](http://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

**Cancellation**  
 Exhibit space can be canceled by written notice to Keely McDannold at [kmcdannold@aafp.org](mailto: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.

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](http://www.aafp.org/nc/exhibit).

Print Contact Name of Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Signature (must be signed for acceptance of contract) \_\_\_\_\_

SUBMIT TO:

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