

# EXHIBITOR AGREEMENT

August 2-4, 2018 | Kansas City, Missouri

Applying as:  Residency Program  Non Residency Program

## 1) CONTACT INFORMATION

Program/Company Name		Exhibiting as (if different)	
Primary Contact Name		Title	
Address	City	State	ZIP
( )			
Telephone	Ext.	Email (Required)	

## 2) CO-EXHIBITOR CONTACT INFORMATION (No more than two residency programs may share one 10'x10'.)

Residency Program Name		Exhibiting as (if different)	
Primary Contact Name		Email (Required)	Phone
Address	City	State	ZIP

## 3) EXHIBITOR SPACE (All booths are 10'x10' or multiples of 10') – View the live floor plan at [www.aafp.org/nc](http://www.aafp.org/nc).

# of booths

\_\_\_\_\_ @ \$1,350 each

TOTAL COST \$ \_\_\_\_\_

Additional Opportunity

\$250 Mobile App Upgrade

- Ability to upload 3 PDFs to Mobile App
- Logo displayed on Mobile App Floorplan

Booth # - 1st Choice \_\_\_\_\_

Booth # - 2nd Choice \_\_\_\_\_

Booth # - 3rd Choice \_\_\_\_\_

Booth # - 4th Choice \_\_\_\_\_

## 4) PAYMENT INFORMATION – Payment is required within 30 days of receipt of booth confirmation. (Tax ID #44-0536051)

### Make checks payable and mail to:

American Academy of Family Physicians  
AAFP Accounting  
11400 Tomahawk Creek Pkwy, Leawood, KS 66211-2672

**Payment by credit card can be made online with receipt of your booth confirmation.**

**Cancellation** – Exhibit space that has been assigned and confirmed can be canceled by written notice to National Conference Exhibit Sales at [ncapplications@aafp.org](mailto:ncapplications@aafp.org). If notice of cancellation is received:

### Before March 30, 2018

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

### On or After March 30, 2018

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

**February 1, 2018 at 12:00 p.m. (CST). Large Block (5 or more booths) exhibit assignments will begin.**

Exhibitors wanting to be next to, or across the aisle from, each other must submit all Exhibitor Agreements together in the same packet, email, or fax. Such large block Exhibitor Agreements submitted before this date/time will be denied.

I have read and understand the conditions of this Agreement. By signing below I confirm that I have read, understood, and agree to comply with the AAFP National Conference Exhibitor Agreement Terms and Conditions and to share them with my program/company representatives, ensuring they will abide by them also. View the *National Conference Exhibitor Terms and Conditions* at [www.aafp.org/nc](http://www.aafp.org/nc).

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

SUBMIT TO:

Kristy Sloan | [ncapplications@aafp.org](mailto:ncapplications@aafp.org) | Fax: (913) 906-6073