



Exhibitor / Sponsor Application Form

Please complete details and fax to AAMP Conferences at **954.827.0723** or mail to address listed below with your payment

Advanced Applications in Clinical Practice, LLC
 Att. Paul Anderson, N.M.D.
 10303 Meridian Ave, N,
 Suite 101
 Seattle, WA 98133
 Direct: 954.540.1896
 Fax: 954.827.0723

We hereby apply, subject to the Rules & Regulations as detailed on the event website AAMPconferences.com/boothcontract.html (Booth Contract) for the space in the exhibit area.

Booth Fees	Sponsorship Fees
<p>6' table top \$1,950 (includes 1 exhibitor personnel)</p> <p>10 x 10 Area \$2,650 (includes 2 exhibitor personnel)</p> <p>10 x 20 Area \$4,450 (includes 3 exhibitor personnel)</p> <p><small>For all exhibitors, additional staff will be charged \$400 to cover food & beverage for entire conference.</small></p>	<p><small>Please refer to complete sponsorship details on event website</small></p> <p>Platinum Package \$6,000 <input type="checkbox"/> Gold Package \$4,500 <input type="checkbox"/></p> <p>Vendor Demo Package \$3,000 <input type="checkbox"/> Think Tank Package \$2,750 <input type="checkbox"/></p> <p>USB Sponsor \$750 <input type="checkbox"/> "Meet the Speakers" Sponsor \$1,500 <input type="checkbox"/></p> <p>"ActionPad" Sponsor \$1,500 <input type="checkbox"/> Name Badge Sponsor \$750 <input type="checkbox"/></p>
<p><small>Exhibit Rental does not include: Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Gas, Water, Internet Connection (if not provided by hotel), Telephone Connection. Call Sharon Phillips at 954.540.1896 to discuss your specific requirements.</small></p>	<p>Show Guide</p> <p>Inside Front Cover \$650 <input type="checkbox"/> Full Inside Page \$550 <input type="checkbox"/></p> <p>Inside Back Cover \$550 <input type="checkbox"/> Half Inside Page \$350 <input type="checkbox"/></p> <p>Back Cover (Sold as Title Sponsor) <input type="checkbox"/></p>

Website, Show Guide and Other Marketing Collateral	Mailing Information (Please complete Contact Name, Phone, Fax and E-Mail. The remaining information only needs to be completed if different from details on left)
<p>Company Name _____</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p> <p>Website _____</p> <p>Company Logo Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Company Bio Submitted (75 words max) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Contact Name (required) _____</p> <p>Title _____</p> <p>Company Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Contact E-mail _____</p> <p><small>(required for receipt of conference/expo updates)</small></p>

Booth Allocation

Type of Booth Table Top 10 x 10 10 x 20 Booth Number _____

50% initial deposit required to secure your booth/sponsorship, and for AAMP Conferences to promote your presence.

Payment by Credit Card	Exhibitor/Sponsor Commitment
<p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover</p> <p>Name on Credit Card _____</p> <p>Credit Card Number _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>Expiration Date _____ Charge Amount _____</p> <p>Authorization Code _____ Zip Code _____</p> <p>Signature _____</p>	<p>Total Amount _____</p> <p>Payment by Check</p> <p>Mail check payable in U.S. Funds to</p> <p>Advanced Applications in Clinical Practice</p> <p>10303 Meridian Ave N, Suite 101, Seattle, WA 98133</p>

Signatory

We agree to the terms and conditions as stated on the AAMP Conference website.

Signed By _____ Signature _____

Company Position _____ Dated _____