



**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 Medical Practice, LLC  
 Att. Sharon Phillips  
 8121 Blueridge Lane,  
 Parkland,  
 Florida 33067  
 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](http://AAMPconferences.com/boothcontract.html) (Booth Contract) for the space in the exhibit area.

Booth Fees	Sponsorship Fees
<p><b>6' table top \$2,250</b> (includes 1 exhibitor personnel)</p> <p><b>10 x 10 Area \$2,950</b> (includes 2 exhibitor personnel)</p> <p><b>10 x 20 Area \$4,750</b> (includes 3 exhibitor personnel)</p> <p><small>For all exhibitors, additional staff will be charged \$400 to cover food &amp; 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 <b>954.540.1896</b> to discuss your specific requirements.</small></p>	<p><b>Show Guide</b></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><b>Total Amount</b> _____</p> <p><b>Payment by Check</b></p> <p>Mail check payable in U.S. Funds to</p> <p><b>Advanced Applications in Medical Practice</b></p> <p>8121 Blueridge Lane,                      Parkland,                      Florida. 33067</p>

**Signatory**

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

Signed By \_\_\_\_\_ Signature \_\_\_\_\_

Company Position \_\_\_\_\_ Dated \_\_\_\_\_