

**Exhibitor / Sponsor  
Application Form**

Email completed form to [sharon@aampconferences.com](mailto:sharon@aampconferences.com) or fax to AAMP 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.

Hybrid Booth Fees	Sponsorships	Please refer to complete sponsorship details on event prospectus	
<b>Standard booth – 10 x 10 Cost: \$3,450</b> > Booths include both on-site and AAMP's virtual platform > 2 exhibitor personnel > Skirted 6-foot table, carpet, 2 chairs and wastebasket. White pipe & drape. > All organic meals (breakfast, AM and PM breaks, lunch and one evening reception in Expo Hall) > Single sheet flyers in attendee's conference bag > Company name, logo, description and URL on conference website > Internet Access  <b>Premium Booth – 20 x 10 Cost: \$6,650</b> > As above, but will include 3 exhibitor personnel	Platinum Package \$7,500 <input type="checkbox"/> Badge Sponsor \$1,250 <input type="checkbox"/>  Gold Package \$6,750 <input type="checkbox"/> Cocktail Sponsor \$3,000 <input type="checkbox"/>  Virtual Expo Sponsor \$3,950 <input type="checkbox"/> Wi-Fi Sponsor \$2,000 <input type="checkbox"/>  Conference Bag Sponsor \$850 <input type="checkbox"/> Social media Sponsor \$850 <input type="checkbox"/>  USB Sponsor \$1,950 <input type="checkbox"/>		
Exhibit Rental does not include: Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Water. Call Sharon Phillips at 954.540.1896 to discuss your specific requirements.	<b>Show Guide</b> Inside Front Cover \$650 <input type="checkbox"/> Full Inside Page \$550 <input type="checkbox"/> Inside Back Cover \$550 <input type="checkbox"/> Half Inside Page \$350 <input type="checkbox"/> Back Cover \$750 <input type="checkbox"/>		

**Website, Show Guide and Other Marketing Collateral**

Company Name \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_  
 Website \_\_\_\_\_  
 Company Logo Submitted  Yes  No  
 Company Bio Submitted (75 words max)  Yes  No

**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)**

Contact Name (required) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contact E-mail \_\_\_\_\_  
*(required for receipt of conference/expo updates)*

**Booth Allocation**

**Type of Booth**  10 x 10  10 x 20 Booth Number \_\_\_\_\_

**Exhibitor Insurance Liability**

Please send us your Business Insurance Liability Certificate with coverage of \$1,000,000 for Advanced Applications in Medical Practice for Fall 2021 Conference. Certificate submitted to AAMP  Yes  No

Wire Transfer Details	Payment by Check
<b>Chase Bank</b> <b>Bank Account Name:</b> Advanced Applications in Medical Practice <b>Address:</b> 8121 Blueridge Lane, Parkland, FL33067 <b>Account Number:</b> 251139629 <b>Routing Number:</b> 021000021 <b>International Swift Code:</b> CHASUS33	Mail check payable in U.S. Funds to <b>Advanced Applications in Medical Practice</b> 8121 Blue Ridge Lane, Parkland, Florida. 33067
	<b>Payment by Credit Card</b> Please contact Sharon Phillips on 954.540.1896

**Signatory**

We agree to the terms and conditions as stated on the AAMP Conference website. <https://aampconferences.com/>

Signed By \_\_\_\_\_ Signature \_\_\_\_\_  
 Company Position \_\_\_\_\_ Dated \_\_\_\_\_