

**Exhibitor / Sponsor
Application Form**

Email completed form to 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
(Booth Contract) for the space in
the exhibit area.

Booth Fee	Official Conference Program															
\$2,250	<table border="0"> <tr> <td>Inside Front Cover</td> <td>\$650</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inside Back Cover</td> <td>\$550</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Back Cover</td> <td>\$750</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Full Inside Page</td> <td>\$550</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Half Inside Page</td> <td>\$350</td> <td><input type="checkbox"/></td> </tr> </table>	Inside Front Cover	\$650	<input type="checkbox"/>	Inside Back Cover	\$550	<input type="checkbox"/>	Back Cover	\$750	<input type="checkbox"/>	Full Inside Page	\$550	<input type="checkbox"/>	Half Inside Page	\$350	<input type="checkbox"/>
Inside Front Cover	\$650	<input type="checkbox"/>														
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Half Inside Page	\$350	<input type="checkbox"/>														
<p>Virtual Exhibitor Package includes:</p> <ul style="list-style-type: none"> • 4 days of promoting to attendees • Comprehensive marketing material can be highlighted in Virtual Expo • Your flyer in Conference Bag that will be mailed to all attendees prior to event • Unlimited number of exhibitor personnel for attendee communication • 1 entry ticket into the main conference 																
Call Sharon Phillips at 954.540.1896.																

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)
Company Name _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____ Website _____ Company Logo Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No Company Bio Submitted (75 words max) <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name (required) _____ Title _____ Company Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Contact E-mail _____ <small>(required for receipt of conference/expo updates)</small>

Booth Allocation	
Virtual Booth	Booth Number _____

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