

**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.

Hybrid Booth Fees	Sponsorships	Please refer to complete sponsorship details on event prospectus
Standard booth – 10 x 10 Cost: \$3,450 > 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 Premium Booth – 20 x 10 Cost: \$6,650 > As above, but will include 3 exhibitor personnel Exhibit Rental does not include: Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Water.	Platinum Package \$7,500 <input type="checkbox"/> Gold Package \$6,750 <input type="checkbox"/> Virtual Expo \$3,750 <input type="checkbox"/> Pads & Pen (Supplied by AAMP) \$3,500 <input type="checkbox"/> Dr. Anderson Award \$1,750 <input type="checkbox"/>	USB Thumb Drive (Supplied by AAMP) \$2,250 <input type="checkbox"/> Badge Logo \$1,250 <input type="checkbox"/> Conference Bag (Supplied by sponsor) \$850 <input type="checkbox"/> Social Media \$850 <input type="checkbox"/> Wi-Fi Package \$350 <input type="checkbox"/>
Virtual Booth Fee Cost: \$2,450 Call Sharon Phillips at 954.540.1896.	Show Guide 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"/>

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 _____ <i>(required for receipt of conference/expo updates)</i>

Booth Allocation	
Type of Booth <input type="checkbox"/> 10 x 10 <input type="checkbox"/> 10 x 20	Booth Number _____ Virtual Booth <input type="checkbox"/>

Exhibitor Insurance Liability	
Please send us your Business Insurance Liability Certificate with coverage of \$1,000,000 for Advanced Applications in Medical Practice for the Spring 2022 Conference. Certificate submitted to AAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____