

**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 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	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 _____ <i>(required for receipt of conference/expo updates)</i>
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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 Fall 2022 Conference. Certificate submitted to AAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	

Wire Transfer Details 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	Payment by Check Mail check payable in U.S. Funds to Advanced Applications in Medical Practice 8121 Blue Ridge Lane, Parkland, Florida. 33067 <hr/> Payment by Credit Card Please contact Sharon Phillips on 954.540.1896
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Signatory	
We agree to the terms and conditions as stated on the AAMP Conference website. https://aampconferences.com/	
Signed By _____	Signature _____
Company Position _____	Dated _____