

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

Standard booth – 10 x 10 Cost: \$3,995

- 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: \$7,500

- As above, but will include 3 exhibitor personnel
- Exhibit Rental does not include: Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Water.

Virtual Booth Fee Cost: \$2,500

Call Sharon Phillips at 954.540.1896.

Sponsorships

Please refer to complete sponsorship details on event prospectus

Platinum Package	\$8,500	<input type="checkbox"/>	USB Thumb Drive (Supplied by AAMP)	\$2,450	<input type="checkbox"/>
Gold Package	\$7,600	<input type="checkbox"/>	Badge Logo	\$1,450	<input type="checkbox"/>
Virtual Expo	\$3,950	<input type="checkbox"/>	Conference Bag (Supplied by sponsor)	\$950	<input type="checkbox"/>
Attendee Branded Gift (Supplied by AAMP)	\$3,700	<input type="checkbox"/>	Social Media	\$950	<input type="checkbox"/>
Dr. Anderson Award	\$1,950	<input type="checkbox"/>	Wi-Fi Package	\$450	<input type="checkbox"/>

Show Guide

Inside Front Cover	\$750	<input type="checkbox"/>	Full Inside Page	\$650	<input type="checkbox"/>
Inside Back Cover	\$650	<input type="checkbox"/>	Half Inside Page	\$450	<input type="checkbox"/>
Back Cover	\$850	<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 _____ Virtual Booth ☐

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 2024 Conference. Certificate submitted to AAMP ☐ Yes ☐ No

Payment By ACH Bank Transfer

Once AAMP receives your signed application form, we will email you a secure link to pay via ACH Bank Transfer.

Payment by Check

Check payable in U.S. Funds to **Advanced Applications in Medical Practice**

Mail check to Advanced Applications in Medical Practice, 8121 Blue Ridge Lane, Parkland, Florida. 33067

Payment Queries: 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 _____