



Exhibitor / Sponsor Application Form

Email completed form to sharon@aampconferences.com 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

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																														
<p>Standard booth – 10 x 10 Cost: \$3,995</p> <ul style="list-style-type: none"> > 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 <p>Premium Booth – 20 x 10 Cost: \$7,500</p> <ul style="list-style-type: none"> > As above, but will include 3 exhibitor personnel <p>Exhibit Rental does not include: Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Water.</p>	<p style="text-align: right; font-size: small;">Please refer to complete sponsorship details on event prospectus</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Platinum Package</td> <td style="width: 15%;">\$8,500</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 45%;">USB Thumb Drive (Supplied by AAMP)</td> <td style="width: 10%;">\$2,450</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Gold Package</td> <td>\$7,600</td> <td><input type="checkbox"/></td> <td>Badge Logo</td> <td>\$1,450</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Virtual Expo</td> <td>\$3,950</td> <td><input type="checkbox"/></td> <td>Conference Bag (Supplied by sponsor)</td> <td>\$950</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Attendee Branded Gift (Supplied by AAMP)</td> <td>\$3,700</td> <td><input type="checkbox"/></td> <td>Social Media</td> <td>\$950</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dr. Anderson Award</td> <td>\$1,950</td> <td><input type="checkbox"/></td> <td>Wi-Fi Package</td> <td>\$450</td> <td><input type="checkbox"/></td> </tr> </table>	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"/>
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<p>Virtual Booth Fee Cost: \$2,500</p> <p style="text-align: center;">Call Sharon Phillips at 954.540.1896.</p>	<p>Show Guide</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Inside Front Cover</td> <td style="width: 15%;">\$750</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 45%;">Full Inside Page</td> <td style="width: 10%;">\$650</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> <tr> <td>Inside Back Cover</td> <td>\$650</td> <td><input type="checkbox"/></td> <td>Half Inside Page</td> <td>\$450</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Back Cover</td> <td>\$850</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </table>	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"/>															
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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)
<p>Company Name _____</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Email _____</p> <p>Website _____</p> <p>Company Logo Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Company Bio Submitted (75 words max) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Contact Name (required) _____</p> <p>Title _____</p> <p>Company Name _____</p> <p>Mailing Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Phone _____ Fax _____</p> <p>Contact E-mail _____</p> <p style="text-align: right; font-size: small;">(required for receipt of conference/expo updates)</p>

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 2024 Conference. Certificate submitted to AAMP <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____