

**Exhibitor / Sponsor  
Application Form**

Email completed form to [sharon@aampconferences.com](mailto: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/boothcon-tract.html](http://AAMPconferences.com/boothcon-tract.html)  
(Booth Contract) for the space in  
the exhibit area.

| Hybrid Booth Fees  | Sponsorships  | Please refer to complete sponsorship details on event prospectus   |
|--|---|--|
| <b>Standard booth – 10 x 10</b> Cost: \$3,995<br>> Booths include both on-site and AAMP's virtual platform<br>> 2 exhibitor personnel (Additional staff at \$575)<br>> Skirted 6-foot table, carpet, 2 chairs and wastebasket. White pipe & drape.<br>> All organic meals (breakfast, AM and PM breaks, lunch and one evening reception in Expo Hall)<br>> Single sheet flyers in attendee's conference bag<br>> Company name, logo, description and URL on conference program<br>> Internet Access<br><b>Premium Booth – 20 x 10</b> Cost: \$7,500<br>> As above, but will include 3 exhibitor personnel<br>Exhibit Rental does not include: Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Water. | Platinum Package \$8,500 <input type="checkbox"/><br>Gold Package \$7,600 <input type="checkbox"/><br>Virtual Expo \$3,950 <input type="checkbox"/><br>Attendee Branded Gift (Supplied by AAMP) \$3,700 <input type="checkbox"/><br>Dr. Anderson Award \$1,950 <input type="checkbox"/> | USB Thumb Drive (Supplied by AAMP) \$2,450 <input type="checkbox"/><br>Badge Logo \$1,450 <input type="checkbox"/><br>Conference Bag (Supplied by sponsor) \$950 <input type="checkbox"/><br>Social Media \$950 <input type="checkbox"/><br>Wi-Fi Package \$450 <input type="checkbox"/> |
| <b>Virtual Booth Fee</b> Cost: \$2,500<br>Call Sharon Phillips at <b>954.540.1896</b> .  | <b>Show Guide</b><br>Inside Front Cover \$750 <input type="checkbox"/><br>Inside Back Cover \$650 <input type="checkbox"/><br>Back Cover \$850 <input type="checkbox"/>   | Full Inside Page \$650 <input type="checkbox"/><br>Half Inside Page \$450 <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 _____<br>Name _____<br>Address _____<br>City _____ State _____ Zip _____<br>Phone _____ Fax _____<br>Email _____<br>Website _____<br>Company Logo Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Company Bio Submitted (75 words max) <input type="checkbox"/> Yes <input type="checkbox"/> No | Contact Name (required) _____<br>Title _____<br>Company Name _____<br>Mailing Address _____<br>City _____ State _____ Zip _____<br>Phone _____ Fax _____<br>Contact E-mail _____<br><i>(required for receipt of conference/expo updates)</i> |

**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 Fall 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 \_\_\_\_\_