

**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](https://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: \$4,250 ➤ Booths include both on-site and AAMP's virtual platform ➤ 2 exhibitor personnel (Additional staff at \$595) ➤ 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 program ➤ Internet Access Premium Booth – 20 x 10 Cost: \$7,700 ➤ 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 \$8,750 ☐ Gold Package \$7,850 ☐ Virtual Expo \$3,950 ☐ Attendee Branded Gift (Supplied by AAMP) \$3,950 ☐ Breakfast sponsor \$2,250 ☐	USB Thumb Drive (Supplied by AAMP) \$2,700 ☐ Badge Logo \$1,700 ☐ Conference Bag (Supplied by sponsor) \$1,200 ☐ Social Media \$1,200 ☐ Wi-Fi Package \$700 ☐
Virtual Booth Fee Cost: \$2,500 Call Sharon Phillips at 954.540.1896 .	Show Guide Inside Front Cover \$750 ☐ Inside Back Cover \$650 ☐ Back Cover \$850 ☐	Full Inside Page \$650 ☐ Half Inside Page \$450 ☐

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 ☐ Yes ☐ No Company Bio Submitted (75 words max) ☐ Yes ☐ 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 ☐ 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 2026 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 _____