Advancing Care in the Era of Progressive Disease
Long COVID and Spike Injuries, Mast Cell Disorders, CFS – FMS Syndromes

AAMP Spring Conference 2026
Scottsdale, Arizona
May 15th to 17th, 2026

Advanced Applications IN Medical Practice

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

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.

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	$8,750 ☐	USB Thumb Drive (Supplied by AAMP)	$2,700 ☐
Gold Package	$7,850 ☐	Badge Logo	$1,700 ☐
Virtual Expo	$3,950 ☐	Conference Bag (Supplied by sponsor)	$1,200 ☐
Attendee Branded Gift (Supplied by AAMP)	$3,950 ☐	Social Media	$1.200 ☐
Breakfast Sponsor	$2,250 ☐	Wi-Fi Package	$700 ☐

Show Guide

Inside Front Cover	$750 ☐	Full Inside Page	$650 ☐
Inside Back Cover	$650 ☐	Half Inside Page	$450 ☐
Back Cover	$850 ☐		

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

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 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 _____

Please Note: AAMP Conferences are organized by Advanced Medical Therapies and FMI Marketing, Inc., to better educate healthcare professionals, in a pleasant and structured environment.