

**Exhibitor / Sponsor
Application Form**

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.

Booth Fees	Sponsorship Fees
6' table top \$2,450 (includes 1 exhibitor personnel) 10 x 10 Area \$3,150 (includes 2 exhibitor personnel) 10 x 20 Area \$4,950 (includes 3 exhibitor personnel) . For all exhibitors, additional staff (up to 2 max for table top and 4 max for 10 x 10) will be charged \$475 to cover food & beverage for entire conference.	Please refer to complete sponsorship details on event website Platinum Package \$7,000 <input type="checkbox"/> Gold Package \$6,000 <input type="checkbox"/> Vendor Demo Package \$3,750 <input type="checkbox"/> Pad Portfolio/Pen Sponsor \$2,500 <input type="checkbox"/> USB Sponsor \$1,500 <input type="checkbox"/> Name Badge Sponsor \$1,000 <input type="checkbox"/> Tote Bag Sponsor \$1,000 <input type="checkbox"/> Cocktail Reception Sponsor (Friday night) \$2,000 <input type="checkbox"/>
Exhibit Rental does not include: Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Gas, Water, Internet Connection (if not provided by hotel), Telephone Connection. Call Sharon Phillips at 954.540.1896 to discuss your specific requirements.	Show Guide
	Inside Front Cover \$650 <input type="checkbox"/> Full Inside Page \$550 <input type="checkbox"/> Inside Back Cover \$550 <input type="checkbox"/> Half Inside Page \$350 <input type="checkbox"/> Back Cover (Sold as Title Sponsor) <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 _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____ Website _____ Company Logo Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No Company Bio Submitted (75 words max) <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Table Top <input type="checkbox"/> 10 x 10 <input type="checkbox"/> 10 x 20	Booth Number _____

Exhibitor Insurance Liability	
Please send us your Business Insurance Liability Certificate with coverage of \$1,000,000 for Advanced Applications in Medical Practice for Seattle 2020 Conference. Certificate submitted to AAMP <input type="checkbox"/> Yes <input type="checkbox"/> No	

Wire Transfer Details	Payment by Check
Chase Bank Bank Account Name: Advanced Applications in Medical Practice Address: 8121 Blueridge Lane, Parkland, FL33067 Account Number: 251139629 Routing Number: 021000021 International Swift Code: CHASUS33	Mail check payable in U.S. Funds to Advanced Applications in Medical Practice 8121 Blue Ridge Lane, Parkland, Florida. 33067
	Payment by Credit Card
	Please contact Sharon Phillips on 954.540.1896

Signatory	
We agree to the terms and conditions as stated on the AAMP Conference website.	
Signed By _____	Signature _____
Company Position _____	Dated _____