

**MISSISSIPPI ACADEMY OF FAMILY PHYSICIANS
APPLICATION AND CONTRACT
FOR EXHIBIT SPACE
JULY 10-14, 2010**

After referring to the floor plan inside the Exhibitor Prospectus, indicate preferred booth location by space number, number of booth (s) (each 10' x 6').

1st Choice _____ 2nd Choice _____ 3rd Choice _____
4th Choice _____ 5th Choice _____ 6th Choice _____

Total booth space(s) needed _____

If there is a particular type company/competitor you do not wish to be placed next to please indicate:

Exhibit space will be assigned on a first-come, first-served basis, according to the date the contract and deposit are received. Whenever possible, space will be assigned according to the Exhibitor's request; however, final arrangements will be determined by the MAFP Staff. The preferences given for booth location are for guidance and are not guaranteed.

Please print or type your name exactly as you wish it to appear in print. 40 characters only. Abbreviations of Inc., Co., Corp. will be used.

COMPANY NAME (To be used for Booth ID Sign) _____

Name _____ Title _____

Street Address _____

City, State, Zip _____

Email: _____

Telephone (____) _____ - _____ Fax (____) _____ - _____

Space will be charged at the rate of **\$1300** per booth in accordance with the application form. No space will be assigned without a **deposit of 50%** of the total cost. Space must be paid in full on or before **May 1, 2010**. After May 1st the rate will be \$1500.

Exhibitor Names and Cities

Name: _____ City, State: _____

Name: _____ City, State: _____

Name: _____ City, State: _____

Name: _____ City, State: _____

Name: _____ City, State: _____

NOTE: No booth assignments will be made until these conditions are met. No company will be allowed to setup their exhibit until full booth fee payment has been received by the MAFP or firm, formal arrangements have been made in advance with the MAFP.

It is understood that the exhibiting company and all of its representatives associated with the MAFP Annual Meeting will abide by all Rules, Regulations and Ethics of the MAFP as set forth in the Prospectus and Invitation to Exhibit, and that it is the responsibility of the person signing this Contract to inform his/her representatives of the MAFP Rules, Regulations and Ethics.

If cancellation becomes necessary, MAFP will refund \$250 of the exhibit fee **ONLY IF WRITTEN PRIOR** to May 1, 2010. If a space is canceled after May 1, 2010, full payment for space will still be due. If assigned space is not paid for in full by May 1, 2010 it may be reassigned to another exhibitor at the option of the MAFP Education Committee without refund of deposit. Discounts and exhibit space cannot be given to organizations providing unrestricted grant money to the CME program.

I have read and agree to abide by information in this Prospectus and Invitation to Exhibit on regulations governing exhibitors.

Signature _____ Date _____
(REQUIRED)

All further contact will be addressed to the signer, unless indicated below:

Name _____

Street Address _____

City, State, Zip _____

E-mail: _____

Telephone (____) _____ - _____ Fax (____) _____ - _____

A confirmation letter will be returned to you indicating final assigned space and acceptance by the MAFP.

NOTE: Retain a copy for your records and return the completed original with a **deposit of 50%** or the total cost, **\$1,300** of the booth space (s) to the address below. Applications submitted after **May 1, 2010**, must be accompanied by full payment of \$1,500.

Credit Card Information:

***Name as printed on Card:** _____

***Signature:** _____

***Billing Street Address:** _____

***Billing Zip Code:** _____

***Card #:** _____

***Expiration Date:** _____ ***Authorization #** _____
(3 digit # on back of card, 4 digit # on front for Am. Exp.)

***Amount of Payment: \$** _____

***Type of Credit Card:** American Express Discover Master Card Visa

(*required fields)