



**Mississippi Academy of Family Physicians
2012 Annual Scientific Assembly
EXHIBIT APPLICATION & CONTRACT**

July 15-18, 2012
Baytowne
Conference Center
Destin, FL

SECTION 1: OFFICIAL EXHIBIT REPRESENTATIVE (please type or print clearly)

Company Name (to be used for Booth ID sign) _____
(Please print EXACTLY as you wish it to appear in print. 40 characters only. Abbreviations of Inc., Co., Corp. will be used)

Name _____ Title _____

Address _____ City/State/Zip _____

Phone Number _____ Fax Number _____ E-Mail _____

SECTION 2: BOOTH SELECTION (please refer to floor plan inside Exhibitor Prospectus to indicate preferred location by space #)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

4th Choice _____ 5th Choice _____ 6th Choice _____

Total booth space(s) needed _____ (All booths are 10' x 6')

Indicate if there is a particular company you do not wish to be placed by _____

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.

SECTION 3: METHOD OF PAYMENT (MAFP Tax ID #64-6025386)

Space will be charged at the rate of **\$1,300** per booth in accordance with the application. 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, 2012. **After May 1st the rate will be \$1,500.**

Payment in full required by May 1, 2012

Check – make payable to MAFP
 Amex
 Discover
 Master Card
 Visa

Amount \$ _____

Cardholder's Name _____
 Card # _____ Exp _____
 Billing Street Address _____
 Billing Zip Code _____ Auth. # _____
(3 digit # on back of card, 4 digit # on front Amex)
 Signature _____

SECTION 4: 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 set up 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.

SECTION 5: CANCELLATION POLICY

If cancellation becomes necessary, MAFP will refund \$250 of exhibit fee **ONLY IF WRITTEN PRIOR** to May 1, 2012. If a space is cancelled after May 1, 2012, **full payment for space will still be due.** If assigned space is not paid for in full by May 1, 2012 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.

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.

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

Signature **(REQUIRED)** _____ Date _____

*All further contact will be addressed to signer unless indicated: Name _____

Phone Number _____ Fax Number _____ E-Mail _____

Please sign and return with payment to:
 MS Academy of Family Physicians
 133 Executive Drive, Suite E
 Madison, Mississippi 39110
 P: 601-853-3302 F: 601-853-3002
 dana@msafp.org – www.msafp.org

Retain a copy for your records and return the completed original with **full payment of \$1,300** to MAFP office. Applications submitted after **May 1, 2012** must be accompanied by full payment of **\$1,500.**

A confirmation letter will be sent indicating final assigned space and acceptance by the MAFP.