



**Mississippi Academy of Family Physicians
2018 Annual Scientific Assembly
EXHIBIT APPLICATION & CONTRACT**

July 21-25, 2018
Baytowne
Conference Center
Sandestin, 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)

_____ First time attendee (please mark) How did you hear about us? _____

Name _____ Title _____

Address _____ City/State/Zip _____

Phone Number _____ Cell 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: EXHIBITOR NAMES AND CITIES

Name _____ City, State _____

Name _____ City, State _____

Name _____ City, State _____

Name _____ City, State _____

Name _____ City, State _____

*MAFP will provide 5 complimentary personnel nametags. Each additional nametag is \$25.

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 4: CANCELLATION POLICY

If cancellation becomes necessary, MAFP will refund \$250 of exhibit fee **ONLY IF WRITTEN PRIOR** to May 31, 2018. If a space is cancelled after May 31, 2018 full payment for space will still be due. If assigned space is not paid for in full by May 31, 2018 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 _____

SECTION 5: METHOD OF PAYMENT (MAFP Tax ID #64-6025386)

Space will be charged at the rate of **\$1,500** 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 31, 2018. **After May 31 the rate will be \$1,700.**

<input type="radio"/> Check - payable to MAFP <input type="radio"/> AmEx <input type="radio"/> Discover <input type="radio"/> MasterCard <input type="radio"/> VISA	Cardholder's Name _____
	Card #* _____ Expiration _____
	Billing Street Address _____
	Billing Zip _____ Security Code _____
	Signature _____

**For your protection and due to the insecure nature of emails, which can be intercepted by malware software, we do not accept credit card numbers by email. Please forward your information by fax or US mail, or contact us directly at 601-853-3302 to provide your information over the phone.*

Please sign and return with payment to:
MS Academy of Family Physicians
755 Avignon Drive
Ridgeland, MS 39157
P: 601-853-3302 F: 601-853-3002
claire@msafp.org – www.msafp.org

Retain a copy for your records and return the completed original with **full payment of \$1,500** to MAFP office. Applications submitted after **May 31, 2018** must be accompanied by full payment of **\$1,700**.
A confirmation letter will be sent indicating final assigned space and acceptance by the MAFP.