

BUSINESS SUITES provide a place for you to meet with staff and clients or transact business away from your booth without leaving the Expo Hall. Suites are fully enclosed with lockable door and key and a company ID sign. Exhibitor is responsible for all furnishings, electrical and telecommunication requirements. Business Suites do not include Expo Hall (Exhibitor Staff) or Scientific Session badges. Hospitality food and beverage (nonalcoholic) may be served. All food and beverage must be ordered through the Omni Seaport Hotel.

Available Sizes: 10' x 20', 20' x 20', or larger upon request

Fee: \$55 per square foot

Payment Policy: 100% payment is due upon submission of application. Payment is nonrefundable. Suites will be assigned after full payment has been received.

COMPLETE APPLICATION AND SEND WITH PAYMENT

COMPANY _____

Full Address _____

Website URL _____

PRIMARY CONTACT _____

Phone _____ Email _____

SIZE OF SUITE REQUESTED _____ X _____ = _____ Total Square Feet

Industry Rate (\$55 per square foot): \$ _____

Method of Payment: Credit Card Check *(Please make check payable to: AEI, Advanced Medical Education)*

Mail to: 2720 Stonewood Drive, Bethlehem, PA 18017

If paying by credit card, please complete the following: VISA MasterCard American Express

Amount to be charged \$ _____

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Agreement: *We, the undersigned, hereby make application for promotional opportunity to AF Symposium 2025. We acknowledge that any additional fees for production, distribution and shipping are at the expense of the exhibiting company. A signature on this application indicates understanding and agreement to comply with all policies, rules, regulation, terms and conditions in the Prospectus and any others issued by the AFS regarding the symposium. Willingness to abide by the payment policy, and acknowledgment of having read the rules and regulations, and an agreement that the AFS2025 rules and regulations are an integral and binding part of this contract. Payment must accompany this application.*

Signature of Authorizing Officer _____

Date _____

Name of Authorizing Officer and Title (Print) _____