



APPLICATION for EXHIBIT SPACE
ellyph@amecme.com

COMPLETE APPLICATION AND SEND WITH PAYMENT

Please include a copy of insurance rider with application submission. Exhibit space will not be assigned until full payment has been received.

COMPANY _____

Full Address _____

Website URL _____

PRIMARY CONTACT _____

Phone _____ Email _____

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

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

Preferred Space ① _____ ② _____ ③ _____ ④ _____ ⑤ _____

Organization DESIRED in close proximity: _____

Organization NOT DESIRED in close proximity: _____

DISPLAY HOUSE FOR THE INSTALLATION/DISMANTLING OF BOOTH? Yes No If yes, complete following:

Display House _____ Contact Person _____

Address _____

Phone _____ Email _____

Payment Policy: 100% payment is due upon submission of any application.

Method of Payment: Check VISA MasterCard American Express

Make checks payable to AEI Advanced Medical Education. Completed application may be **MAILED** to AEI Advanced Medical Education, 2720 Stonewood Drive, Bethlehem, PA 18017; **EMAILED** to ellyph@amecme.com

If paying by credit card, please complete the following:

Amount to be charged \$ _____

Card #: _____ Expiration Date: _____

Card Holder Name (Print) _____ Signature _____

Billing Address _____

City _____ State _____ Postal Zip Code _____

Phone _____ Fax _____ Email _____

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)