

2018 EXHIBIT BOOTH SPACE CONTRACT

TENNESSEE ACADEMY OF FAMILY PHYSICIANS 70th ANNUAL SCIENTIFIC ASSEMBLY
PARK VISTA DOUBLETREE HOTEL, GATLINBURG, OCTOBER 29-November 2, 2018

COMPANY NAME (print):*** _____

PRINT YOUR COMPANY NAME ABOVE AS YOU WISH IT TO APPEAR ON YOUR EXHIBIT BOOTH SPACE SIGN & IN THE PROGRAM.

COMPANY OFFICE MAILING ADDRESS: _____

CITY & STATE: _____ ZIP: _____

OFFICE PHONE: () _____ OFFICE FAX: () _____

EMAIL: _____

It is understood that the exhibiting company and all of its representatives attending the TNAFP Annual Assembly will abide by all Rules and Regulations of the TNAFP as set forth in this Exhibit Prospectus. It is the responsibility of the person signing this Contract to notify their representatives attending the TNAFP annual assembly of all information contained in the 2018 Exhibit Prospectus. Booth spaces are assigned on a first-contract received basis with assignment to begin in June.

*****To be included in the Tennessee AFP printed registration/program brochure, your completed Contract (with booth payment deposit if applicable) MUST be received in the Tennessee AFP office by May 15, 2018.**

EXHIBIT BOOTH SPACE IS AVAILABLE AT THE RATE OF \$1,300.00 PER 8X8 BOOTH WITH PAYMENT TO BE MADE AS FOLLOWS:

2017 TNAFP EXHIBITOR: No fee required to be paid with submission of Exhibit Space Contract. Full fee of \$1,300.00 due and payable prior to October 1. Cancellation must be received in writing prior to October 1 for a refund or approval of cancellation. If space is canceled after October 1, full fee will still be due and payable.

NON-2017 TNAFP EXHIBITOR: Receipt of at least one-half of exhibit fee (\$650.00) is required to be submitted with Exhibit Space Contract before space will be assigned. Remainder of fee due and payable prior to October 1. If full payment is not received by October 1, space will be reassigned to another company with \$650.00 deposit retained by TNAFP for administrative costs. Cancellation must be received in writing prior to October 1 for a refund or approval of cancellation. If space is canceled after October 1, full fee will be due and payable.

Please Note: The Tennessee AFP does NOT accept credit cards for payment of exhibit booth fees.

REQUEST FOR EXHIBIT SPACE (please list booth numbers):

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

If possible, we do NOT wish an exhibit booth located in the vicinity of (company names): _____

NOTE: Each booth is furnished one six-foot table, two chairs, electrical service upon request (see below), and internet service. You can rent additional tables at a charge of \$25.00 per table from the Park Vista.

**** Yes, we will require electrical service in our assigned booth.

+++REQUIRED - YOU MUST COMPLETE THIS SECTION BELOW TO OBTAIN BOOTH SPACE....

+++CONTRACT AUTHORIZED BY: _____
(PLEASE PRINT OR TYPE CLEARLY YOUR NAME AND PROFESSIONAL TITLE)

+++YOUR SIGNATURE (required): _____ +++DATE SIGNED: _____

(PLEASE COMPLETE INFORMATION BELOW ONLY IF INFORMATION IS DIFFERENT FROM THAT LISTED AT THE TOP OF THIS CONTRACT.)

YOUR MAILING ADDRESS: _____

YOUR CITY/STATE/ZIP: _____

YOUR TELEPHONE NUMBER: () _____ YOUR FAX NUMBER: () _____

YOUR EMAIL ADDRESS: _____

**RETURN COMPLETED CONTRACT TO: CATHY DYER, EXECUTIVE DIRECTOR, TENNESSEE ACADEMY OF FAMILY PHYSICIANS,
212 OVERLOOK CIRCLE, SUITE 201, BRENTWOOD, TN 37027
(FAX: 615-370-5199; EMAIL: TNAFP@TNAFP.ORG)**

(FOR TNAFP OFFICE USE ONLY) CONTRACT RECEIVED: _____ CHECK(S) RECEIVED: _____
CHECK(S) DATE: _____ CHECK(S) #: _____ CHECK AMT: _____