

# 2020 EXHIBIT BOOTH SPACE CONTRACT

TENNESSEE ACADEMY OF FAMILY PHYSICIANS 72nd ANNUAL SCIENTIFIC ASSEMBLY  
PARK VISTA DOUBLETREE HOTEL, GATLINBURG, OCTOBER 27-30, 2020

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: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ 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 Invitation to 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 2020 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 1, 2020.

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

**2019 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-2019 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.**

**NEW** – Included in your booth fee are up to four (4) booth representatives. Those exhibitors having more than four (4) booth representatives will be charged \$125 per person to cover the cost of food and beverage.

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  
(EMAIL: TNAFP@TNAFP.ORG; FAX: 615-370-5199)

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