



American Academy of Fixed Prosthodontics

APPLICATION FOR EXHIBIT BOOTH 2024

INSTRUCTIONS: Please read the application form along with the rules and regulations. Complete the necessary fields and send this form along with payment receipt to address given below (email/ mail). Please make the payment online at [https://www.fixedprosthodontics.org/cgi/ex.cgi/page/AAFP/Calendar/AAFP_73rd Annual Meeting Sponsor Exhibitor Registration](https://www.fixedprosthodontics.org/cgi/ex.cgi/page/AAFP/Calendar/AAFP_73rd_Annual_Meeting_Sponsor_Exhibitor_Registration)

YOUR CONTRACT: This application, the formal notice of space assignment which you will receive and full payment of exhibit rental charges for the February 22 - 24, 2024 AAFP Meeting constitute a contract for your organization to exhibit at this meeting. In the event of fire, strikes or other uncontrollable circumstances this contract will not be binding. The AAFP reserves the right to cancel any contract with any exhibitor at any time prior to or during the meeting.

PLEASE PRINT

COMPANY NAME: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____

BUSINESS PHONE: _____ **FAX:** _____

E-MAIL: _____

NUMBER OF EXHIBIT BOOTH(S) REQUESTED: ONE _____ TWO _____

NUMBER OF ADDITIONAL PARTICIPATING REPRESENTATIVE(S) (IF MORE THAN TWO PER BOOTH): _____
(Please note: Two representative passes are allowed per booth space. If the exhibitor wishes to staff more than two personnel per booth space, an additional fee may be applied to cover associated food costs. This may be arranged with the Exhibits Chair)

PRINCIPAL PRODUCT OR SERVICE TO BE EXHIBITED: _____

EXHIBITOR'S PREFERRED LOCATION:

*Please consult the enclosed floor plan for the 2024 AAFP Meeting as you indicate your preferred exhibit space(s). Please indicate all three choices, in the event that some of your preferences may have already been assigned.
Booths #'s 118, 119, 120, 121, 122, 123, 128, 129, 130, 131, 136, 137 will be reserved for corporate sponsors.*

1st CHOICE: BOOTH #: _____
2nd CHOICE: BOOTH #: _____
3rd CHOICE: BOOTH #: _____
SAME AS LAST YEAR: _____

AAFP USE ONLY:

BOOTH(S) ASSIGNED _____
Booth FEE: \$ _____
Online Payment Done: _____
DATE: _____

PLEASE RETURN THIS APPLICATION ALONG WITH PAYMENT RECEIPT.

Make your payment online at:
[https://www.fixedprosthodontics.org/cgi/ex.cgi/page/AAFP/Calendar/AAFP_73rd Annual Meeting Sponsor Exhibitor Registration](https://www.fixedprosthodontics.org/cgi/ex.cgi/page/AAFP/Calendar/AAFP_73rd_Annual_Meeting_Sponsor_Exhibitor_Registration)

For **\$2400.00** (US Funds) per booth.

Does your company plan to participate in the American Equilibration Society (AES) meeting scheduled for February 2024?
Please Circle ONE: YES NO DON'T KNOW

PLEASE RETURN APPLICATION TO THE EMAIL BELOW:

Soni Prasad, BDS, MS, FACP, MBA
Email: exhibitsaafp2023@gmail.com