



American Academy of Fixed Prosthodontics

APPLICATION FOR EXHIBIT BOOTH 2022

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/Corporate_Sponsors/sponsors_exhibitors_2022/

YOUR CONTRACT: This application, the formal notice of space assignment which you will receive and full payment of exhibit rental charges for the February 24 - 26, 2022 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** _____

PRINCIPAL PRODUCT OR SERVICE TO BE EXHIBITED: _____

EXHIBITOR'S PREFERRED LOCATION:

Please consult the enclosed floor plan for the 2022 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/Corporate_Sponsors/sponsors_exhibitors_2022/
For **\$2250.00 (US Funds)** per booth.

Does your company plan to participate in the American Equilibration Society (AES) meeting scheduled for February 2022?
Please Circle ONE: **YES** **NO** **DON'T KNOW**

PLEASE RETURN APPLICATION TO:

Soni Prasad, BDS, MS
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