



American Academy of Fixed Prosthodontics

APPLICATION FOR EXHIBIT BOOTH 2021

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 / fax/ mail). Please make the payment online at https://www.fixedprosthodontics.org/cgi/page.cgi?_id=6645

YOUR CONTRACT: This application, the formal notice of space assignment which you will receive and full payment of exhibit rental charges for the February 25 - 27, 2021 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 2021 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/page.cgi?_id=6645

For **\$2100.00 (US Funds) per booth.**

Does your company plan to participate in the American Equilibration Society (AES) meeting scheduled for February 24 – 26, 2021?

Please Circle ONE:

YES

NO

DON'T KNOW

PLEASE RETURN APPLICATION TO:

Soni Prasad, BDS, MS

AAFP Exhibits Committee Chair

1801 W Wisconsin Ave., Rm. 370

Marquette University School of Dentistry

Milwaukee, WI 53233

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Email: soni.prasad@marquette.edu