

75th Annual Meeting and Scientific Assembly Exhibit Contract

APRIL 13-14, 2023
Younes Conference
Center North
707 Talmadge Street
Kearney, NE 68845

(You may also register by visiting to our website at www.nebrafp.org.)

Please read this contract carefully. Your signature on this contract indicates your acceptance.			
SECTION 1: Official Exhibit Representative (Please type or print clearly)			
Organization (ex	xactly as you wish it to be printed on sig	nage)	
Coordinator Na	me and Title		
Address, City, State, Zip			Organization Website
Phone			Email
Names of Perso	on(s) Staffing Exhibit Space (This is how t	he nametags will be pr	printed)
Print Contact Na	ame of Authorized Signature	Title	Signature
SECTION 2: Exhibit Space and Price (Exhibit Space assignment is made on a first come, first served basis.)			
Size and Cost: Each exhibit space is at least 8' for \$1,275.			
1st Choice	Space # 3rd Ch	Space #	If you need more than one exhibit space, please indicate below: Number of exhibit spaces Needed: x \$1,275
2nd Choice	4th Ch	noice	Total =
Please make note here if you wish not to be placed next to a certain company. Every effort will be made to honor your request.			
Please Circle the Number of Meal Tickets Required: (2 tickets per day are included in your booth price. You MUST reserve your lunches so please indicate number needed below. More than 2 per day will incur an additional fee of \$30 per meal)			Each exhibit space includes : one 8' covered and skirted table, two chairs, one outlet, free WiFi, two meal tickets to lunch on Thursday and Friday, and recognition at the Assembly in
Thursday	1 2 3	3 4 5	the program and on signage, and in the <i>Cornhusker Family Physician</i> magazine (circulation 3,600) following the conference.
Friday	1 2 3	3 4 5	
SECTION 3:	Method of Payment (All invo	ices are due net 30 d	days)
\$			
Total amount e	nclosed or to be charged to credit card		Booth Price + Additional Charges (i.e., meal tickets, etc.)
Card Number		Expiration Date	ete CVV (3 digit code on back of the card)
Name on Card		Signature	

Cancellation Policy: All cancellations must be made in writing to the NAFP. If an exhibitor cancels before February 12, a \$100 administrative fee will be retained by or owed to the NAFP. If an exhibitor cancels after February 12 but before March 13, the exhibitor will forfeit (or owe) 50% of the total cost of the space assigned. No refunds will be made for cancellations made after March 13 or for no-shows.