

76th Annual Meeting and Scientific Assembly Exhibit Contract

MARCH 21-23, 2024 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	signa	ture	on this co	ontract indicates your acceptance.
SECTION 1: Official Exhibit Representative (Please type of						or print clearly)
Organization (exactly as you wis	h it to be prin	ited or	n signag	ge)		
Coordinator Name and Title						
Address, City, State, Zip						Organization Website
Phone						Email
Names of Person(s) Staffing Exh	ibit Space (Th	is is ho	ow the	name	tags will be p	printed)
Print Contact Name of Authorized Signature			Т	itle	Signature	
SECTION 2: Exhibit Spa	ce and Pr	ice (E	Exhibit	Space	assignment	is made on a first come, first served basis.)
Size and Cost: Each exhib	it space is	at lea	ast 8'	for \$	\$1,275.	
Space # 1st Choice 3rd Cho					Space #	If you need more than one exhibit space, please indicate below: Number of exhibit spaces Needed: x \$1,275
2nd Choice						
Please make note here if	you wish n	ot to	be p	laced	I 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)					eserve your	Each exhibit space includes: one 8' covered and skirted table, two chairs, one outlet, free Wi-Fi, two meal tickets to lunch on Thursday and Friday, and recognition at the Assembly
Thursday	1	2	3	4	5	in the program and on signage, and in the <i>Cornhusker Family Physician</i> magazine (circulation 3,600) following the conference.
Friday	1	2	3	4	5	
SECTION 3: Method of	Payment	(All ir	nvoice	s are	due net 30	days)
\$						
Total amount enclosed or to be	charged to cr	edit ca	ard			Booth Price + Additional Charges (i.e., meal tickets, etc.)
Card Number	Expiration Dat					te CVV (3 digit code on back of the card)
Name on Card	ard Signature					
Cancellation Policy: All canc	ellations m	ust be	made	e in w	riting to th	ne NAFP. If an exhibitor cancels before February 19, a \$100 administrative fee will be retained by

No refunds will be made for cancellations made after March 13 or for no-shows.

or owed to the NAFP. If an exhibitor cancels after February 19 but before March 13, the exhibitor will forfeit (or owe) 50% of the total cost of the space assigned.