



NEBRASKA ACADEMY OF
FAMILY PHYSICIANS

MARCH 28-30, 2019
Embassy Suites La Vista
Conference Center
12520 Westport Parkway
La Vista, NE 68128

71st Annual Meeting and Scientific Assembly Exhibit Contract

(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)

☐ First time attendee

Organization (exactly as you wish it to be printed on signage)

Coordinator Name and Title

Address, City, State, Zip

Organization Website

Phone

Email

Names of Person(s) Staffing Booth (This is how the nametags will be printed)

Print Contact Name of Authorized Signature

Title

Signature

SECTION 2: Booth Selection and Price (Booth assignment is made on a first come, first served basis.)

Size and Cost: Each booth is an 8'x10' space for \$1,250.

Space #	Space #
1st Choice _____	3rd Choice _____
2nd Choice _____	4th Choice _____

If you need more than one booth, please indicate below:

Number of booths Needed: _____ x \$1,250

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)

Thursday	1	2	3	4	5
Friday	1	2	3	4	5

Each 8'x10' booth includes: 10' curtained back wall, 3' curtained side wall, one 6'x30" 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 the program and on signage, and in the *Cornhusker Family Physician* magazine following the conference.

SECTION 3: Method of Payment (All invoices are due net 30 days)

\$

Total amount enclosed or to be charged to credit card

Booth Price + Additional Charges (i.e., meal tickets, etc.)

Card Number

Expiration Date

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 January 25, a \$100 administrative fee will be retained by or owed to the NAFP. If an exhibitor cancels after January 25 but before March 3, 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 3 or for no-shows.