



SPONSORSHIP/EXHIBIT BOOTH CONTRACT

RETURN THIS APPLICATION TO:

FAX: 202.466.2662 or MAIL to ACPM

455 Massachusetts Avenue NW, Suite 200 • Washington, DC 20001

QUESTIONS? PHONE: 202-466-2044 ext 108 **EMAIL:** development@acpm.org

Name of Organization/Company: _____

Sponsorship Requested: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax: _____

Email: _____ Website: _____

COMPANY REPRESENTATIVE(S) - (Maximum 2)

First Name: _____ Last Name: _____

Credentials: _____ Title: _____

Email: _____

First Name: _____ Last Name: _____

Credentials: _____ Title: _____

Email: _____

ADDITIONAL BOOTH REPRESENTATIVE - (\$400 fee applies)

First Name: _____ Last Name: _____

Credentials: _____ Title: _____

Email: _____

EXHIBIT BOOTH FEE	Non-profit/Government	Commercial/Scientific	
<input type="checkbox"/> Premium Registration	\$1,200	\$2,000	\$
<input type="checkbox"/> Regular Registration	\$950	\$1,500	\$
<input type="checkbox"/> Additional Booth Representative(s)	\$400	\$400	\$
Exhibit Fee Total:			\$

SPONSORSHIP AND ADVERTISING SELECTION		
<input type="checkbox"/> 1st Choice _____	<input type="checkbox"/> 2nd Choice _____	Sponsorship Fee Total: \$

PAYMENT METHOD: Credit card payments can be faxed to ACPM at 202-466-2662

Check - Make payable to American College of Preventive Medicine American Express MasterCard Visa Discover

Card Number: _____ Exp. Date: _____ CV2 (on back): _____

Billing Address: _____ Billing Zip Code: _____

Name: _____ Signature: _____