



**2012 EXHIBITOR REGISTRATION FORM/INVOICE**  
**San Diego Academy of Family Physicians: 55<sup>th</sup> Annual Postgraduate Symposium**  
**Paradise Point Hotel, Mission Bay, San Diego, June 22<sup>nd</sup>-24<sup>th</sup>, 2012**

**\*8'x10' Exhibit Booth includes the following:** 8 ft. draped back wall, 3 ft. draped side railings, and 7 in. x 44 in identification sign, **one draped 6' table, and 2 plastic chairs.** **Table top displays offer one draped 6' table, and 2 plastic chairs ONLY.** Additional items for set-up can be acquired via GES Exhibitor Services at additional cost.

\*\* Premier Package includes everything listed above AND allows for selection of location in Exhibit Hall

	Before 1/31/12	After 1/31/12	
<b>*Standard Booth:</b>	\$1100 [ ]	\$1200 [ ]	Qty: [ ]
<b>**Premier Package:</b>	\$1400 [ ]	\$1500 [ ]	Qty: [ ]
<b>Non Profit Rate:</b>	\$ 500 [ ]	\$ 600 [ ]	Qty: [ ]
<b>Grand Total:</b>	\$ _____	\$ _____	_____

CONTACT: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY / ST / ZIP: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

If possible, please do not place our booth near the following competitors: \_\_\_\_\_

**Payment Information:**

I authorize SDAFP to charge my credit card for the amount listed above. My signature below indicates I accept this charge.

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> CHECK	Card Number: _____	Exp. Date: _____/_____/_____
	Name as it appears on card: _____	
	Signature: _____	
	Billing Address – if different from above: _____	

**\* Note: NO refunds will be available if cancellation made after June 8<sup>th</sup>, 2012**

PLEASE RETURN A COPY OF THIS FORM/INVOICE AND YOUR CHECK or CREDIT CARD INFORMATION PAYABLE TO:  
 SAN DIEGO ACADEMY OF FAMILY PHYSICIANS: P.O. BOX 910144, SAN DIEGO, CA 92191  
 PHONE: (858) 458-9439 FAX: (858) 458-9467 TAX ID # 94-6128841 [www.sandiegoafp.org](http://www.sandiegoafp.org)

**\*See back of form for map of Exhibit Hall.\***