



2010 EXHIBITOR REGISTRATION FORM/INVOICE
San Diego Academy of Family Physicians: 53rd Annual Postgraduate Symposium
Paradise Point Hotel, Mission Bay, San Diego, June 25-26th, 2010

***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 in foyer 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 2/12/10	After 2/12/10	
*Standard Booth:	\$1100 []	\$1200 []	Qty: []
**Premier Package:	\$1400 []	\$1500 []	Qty: []
Non Profit Rate:	\$ 500 []	\$ 600 []	Qty: []
Grand Total:	\$ _____	\$ _____	

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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.

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		* Note: NO refunds will be available if cancellation after June 11th, 2010

PLEASE RETURN A COPY OF THIS FORM/INVOICE AND YOUR CHECK or CREDIT CARD INFORMATION PAYABLE TO:
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