

**Maryland Academy of Family Physicians  
2018 Winter CME Conference  
Saturday, February 24, 2018  
Delta Hotels by Marriott, Hunt Valley, Maryland  
Exhibit Registration Agreement Form**

Please reserve exhibit space for our company at the Maryland Academy of Family Physicians (MDAFP) 2018 Winter Regional CME Conference. We understand that this application, when signed by us and accepted by MDAFP, becomes a document of agreement. We agree to abide by the conditions herein and by all conditions under which space at the Delta Hotels by Marriot at Hunt Valley is leased to MDAFP.

**Pre-Registration is mandatory**

**FEE SCHEDULE (20% discount on 2nd space):**

- MAFP Federal Tax ID #: 52-1317156
 

<b>September 1 - November 30</b>	<b>\$550.00</b>
<b>December 1 - December 31</b>	<b>\$600.00</b>
<b>January 1 - January 31</b>	<b>\$650.00</b>
<b>February 1 - February 21</b>	<b>\$700.00 (space permitting)</b>

**LIABILITY:** We hereby release MDAFP from any and all liabilities, loss or damage ensuing from any cause whatsoever, except for claims for damages or injuries caused or resulting from negligence of the MDAFP or its representatives. In addition, we agree to hold harmless the MDAFP from any and all claims for loss or damage asserted against the MDAFP by any person as a result of, or in any way connected with, the wrongful acts or negligence of our company or of its representatives.

**CANCELLATIONS:** Cancellations and requests for refunds must be received in writing (electronic or print). MDAFP will retain a 25% administrative service charge. Cancellations received after 30 days prior to the conference are subject to a 50% administrative charge.

**ATTENTION NON-PROFIT ORGANIZATIONS AND GOVERNMENT AGENCIES:** For information about other levels of exhibit opportunities/fees, contact the MDAFP office.

**EXHIBIT PRIZE DRAWING:** My company will donate a prize for participation in the Exhibit Prize Drawing during the conference lunch. Yes \_\_\_ No \_\_\_ (those responding "yes" will be contacted by MDAFP staff).

*Please Print*

Company Name \_\_\_\_\_ # of Spaces \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Title \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Method  Check # \_\_\_\_\_ (Payable to MAFP)  Visa  MasterCard  American Express

Credit Card # \_\_\_\_\_ Verif. # (front/back of card) \_\_\_\_\_ Exp. Date \_\_\_\_\_

**SEND COMPLETED FORM WITH PAYMENT TO:**



MARYLAND ACADEMY OF  
FAMILY PHYSICIANS

**M a r y l a n d A c a d e m y o f F a m i l y P h y s i c i a n s**  
210 Green Bay Rd • Thiensville, WI 53092  
Phone: 410-747-1980 • E-mail: info@mdafp.org  
Website: www.mdafp.org