



**MDAFP Levels of Sponsorship Annual Meeting  
2019 June Summit  
June 21<sup>st</sup> – 22<sup>nd</sup>**

<b>Benefits / Features</b>	<b>Annual Meeting Title Sponsor (1)</b>	<b>Reception Program Sponsor (1)</b>	<b>Meal Sponsor (breakfast or lunch) (2)</b>
	<b>\$7,500</b>	<b>\$4,500</b>	<b>\$3,500</b>
<i>Listing in the MDAFP Annual Meeting Program</i>	✓	✓	✓
<i>Sign recognition</i>	✓	✓	✓
<i>Exhibit/Display Table</i>	✓	✓	✓
<i>Recognition in promotional materials distributed/posted for reception</i>	✓	✓	
<i>Verbal recognition during program, opportunity for brief address to attendees during lunch</i>	✓		
<i>Listing in all promotional materials distributed/posted for the event</i>	✓		
<b>Additional Sponsorship Opportunities</b>			
<b>Exhibit Table Only \$1,500 (limited space available) (5)</b>			

[Apply Online](#)

***Please note that this is an application process. You will be advised of your selection as a sponsor within 30 days of submission. Payment will not be processed until sponsor is notified. Payment in full will be required within 30 days. If payment is not received within the designated time period, the sponsorship opportunity may be awarded to another applicant.***

**Exhibit space will be assigned first based on sponsorship priority and second on a first-paid basis for exhibitors. Space is assigned upon receipt of application and payment in full. Exhibit space locations are not guaranteed. MDAFP reserves the right to reject any application.**

**Payment Information:** Sponsorship Amount: \$

MasterCard       Visa       Check enclosed (payable to the MDAFP)

Name on Card:

Exp. Date:                      Three-digit "V" code from back of card:

Credit Card Billing Address:

City/State/Zip:

Please invoice me at address below:

Name and Title:

Affiliation/Company:

*(As you wish it to appear in signage and listings)*

Address:

City/State/Zip:

Phone:      Email:

Signature: \_\_\_\_\_ Date:

*(To insert electronic signature, unprotect document from tools menu)*

**RATES:** Sponsorships and exhibit fees include registration for two representatives only. Registration is non-transferable after June 26, 2019. The cost for additional representatives is \$100 each. *(Title sponsor is allowed four complimentary registrations.)*

**CONFIRMATION/EXHIBIT ASSIGNMENTS:**

Exhibit layout will be available when finalized. Contact Karlee at [Karlee@mdafp.org](mailto:Karlee@mdafp.org) if you have not received a confirmation of receipt of the application form within 10 days of submitting the application form. You will be notified of your exhibit space assignment no later than June 7, 2019. Assignment of space will be made first based on sponsorship priority and second on a first-paid basis for exhibitors.

**FAILURE TO OCCUPY SPACE:** The exhibitor will forfeit space not occupied by 6:45am on Friday, June 21, 2019, unless prior arrangements are made. Exhibitor's space may be resold, reassigned or used by the conference management. If you are having difficulty meeting this deadline, please call Karlee prior to 6:45am on June 21<sup>st</sup> to discuss additional arrangements.

**CANCELLATION/REFUND:** **Cancellations received in writing by April 18, 2019 receive a 50% refund with no refunds for cancellations after April 18, 2019.** MDAFP shall not be liable for any damages or expenses incurred by Exhibitors or Sponsors in the event the conference is delayed, interrupted or not held as scheduled.

**LIABILITY:** The Company hereby releases the 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 agents and employees. In addition, the company agrees 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 the MDAFP or of its representatives

**Email, mail or fax this form to:**  
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