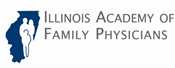
**CONFERENCE SUPPORTER/EXHIBITOR APPLICATION**

**Central Illinois Essential Evidence Update 2019**

**April 5-6, 2019**

**University of Illinois College of Medicine Peoria**

*Please enter your information as you would like it listed in the on-site program guide*

Company Name:

Contact Person: Title:

Phone: Email:

Name of staff person attending:

**$1000 Exhibitor/Supporter**

* Exhibit opportunity at the Central Illinois Essential Evidence Conference
* Designated exhibit breaks for networking with attendees
* Company representative may attend the CME sessions
* Advertisement on the continuous-looping conference slideshow
* Recognition in conference program book and on-site event signage
* Place brochure/flier in Attendee Packet (provide 75 copies)
* Pre-registration attendee list provided for networking at conference
* A final conference attendee list will be emailed post event

**$500 Essential Evidence Supporter / Friend**

* Advertisement on the continuous-looping conference slideshow
* Recognition in conference program book and on-site event signage
* Place brochure/flier in Attendee Registration Packet (provide 75 copies)
* A copy of the final conference attendee list will be emailed post-conference

**TOTAL DUE $**

**P A Y M E N T**

□ Check enclosed ~ **payable to Illinois Academy of Family Physicians Tax ID #: 36-2150319**

□ Credit Card I hereby authorize use of my: □ Discover □ Visa □ MasterCard □ American Express

Card # Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date CVC/CVV#: \_\_\_\_\_ \_\_\_ Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Complete this form and send payment to:*

*Illinois Academy of Family Physicians; Attn: Desma Rozovics 747 E. Boughton Rd. Ste 253 Bolingbrook, IL 60440*

**Fax: (312) 604-0811 E-Mail:** [**drozovics@iafp.com**](mailto:drozovics@iafp.com)