# FMM Logo 2C

# Residency Fair Exhibit Booth Form

# November 10, 2018

1. Yes, our Residency Program **WILL PARTICIPATE** in the 2018 Family Medicine Midwest Residency Fair.

***Residency Exhibit Booth registration includes display booth and 1 full conference registration****. Others may staff the booth during the fair hours, if not registered for the full conference.*

*\*Two programs can share one booth space and each may have one paid registration.*

1. We cannot exhibit, but would like our brochure/information distributed to attendees ($200)

*Please mail 250 copies of materials for delivery by October 30, 2018 (address will be provided to you)*

□ Our program is interested in learning more about the Family Medicine Midwest Foundation

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| **Residency Fair Exhibit Payment**  |
| $\_\_\_\_\_\_\_\_ $600.00 (space with one 8’ table and one registration) $\_\_\_\_\_\_\_\_\_ $800 for a double booth – **Our demonstration will be** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$ \_\_\_\_\_\_\_\_\_$200 to insert your program information$ \_\_\_\_\_\_\_\_ $50.00 Electrical access fee $ \_\_\_\_\_\_\_\_ Additional full conference registrations at $350 for physicians or $250 for residents each or Saturday only registration for $175 (***you can send their names at a later date***)**$\_\_\_\_\_\_\_\_\_ TOTAL AMOUNT ENCLOSED** |

**Names of representative for your booth (if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Program’s ACGME Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person** for the booth

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email

Institution Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Name of program sharing the space (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### **P A Y M E N T**

□ Check enclosed **payable to Family Medicine Midwest** □ **Check will be mailed**

Credit Card □ Discover □ Visa □ MasterCard □ American Express

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

Expiration Date Sec. Code#\_\_\_\_\_\_\_\_\_\_ Total: $\_\_\_\_\_\_\_\_\_\_\_ Billing zip code \_\_\_\_\_\_\_\_\_\_\_\_

**REFUND POLICY**: Written notification of cancellation must be received by October 10, 2018 to obtain a partial refund. ($50.00 administrative fee is retained). **NO** refunds made after Oct. 10, 2018**. Mail payment to: Family Medicine Midwest c/o IAFP, 747 E. Boughton Road, Suite 253 Bolingbrook, IL 60440. Fax 630-559-0739 or email** **gflynn@iafp.com****.**

***Residency Fair registrations will be accepted until September 30, 2018***. Contact Ginnie Flynn with questions at 630-427-8004.