

# A Great Opportunity to Reach Family Physicians!



ARIZONA ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR ARIZONA

## Annual Clinical Education (ACE) Conference

We are hosting our annual general membership and CME conference this year on ***March 28<sup>th</sup>-30<sup>th</sup>, 2019, at the Civana Carefree Resort, 37220 Mule Train Road, Carefree, AZ 85377.*** Exhibits will be on held on 3/28 & 3/29. We provide dedicated exhibit times and a contact card for prizes.

The AzAFP Annual Clinical Education (ACE) Conference should exceed 200 attendees again this year.

Interact in an intimate setting with decision-makers for small and large practices, new physicians, allied health professionals.

**AzAFP ACE CONFERENCE –  
March 28th – 30th, 2019 in Carefree, AZ  
Exhibits on 3/28 & 3/29**

**Exhibiting Company** (Enter name exactly as you wish to be identified.)

**Contact Person** (All confirmation information will be sent here.)

Name \_\_\_\_\_

Authorized signature \_\_\_\_\_

Street Address \_\_\_\_\_

(Billing address, if different)

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**Booth Personnel (Names of individuals who will be staffing your booth) (Limit 2 at a time, please)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List companies you prefer *not* to be near. (Booths are assigned after payment is received, on a first-come, first-served basis.) \_\_\_\_\_

What products/services will you be promoting? \_\_\_\_\_

Will you need a power source?  Yes  No

**Fees**

Annual Clinical Education (ACE) Conference – Phoenix, March 28th & 29th, 2019 (6-ft table)  
\$800 \_\_\_\_\_

**Sponsorship**

Are you interested in sponsoring anything for this conference? (Examples include, breakfast, lunch or snack breaks, internet service in meeting room, other.) Please List \_\_\_\_\_  
(Exhibit space is waived for any sponsorship over \$1000.)

Payment by  Check (Payable to Arizona Academy of Family Physicians) (AzAFP Tax ID #86-6052331)  
 VISA  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ CSC \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Name on card \_\_\_\_\_

**Cancellations:** Cancellations received in writing prior to 15 days before the meeting, will receive a full refund less a \$50 Administration fee. *NO* refunds will be given after 15 days before the meeting.

**Please send Contract with payment to:**

**Arizona Academy of Family Physicians,  
PO Box 74235, Phoenix, AZ 85087**

OR email to [christy@azafp.org](mailto:christy@azafp.org)