

Company \_\_\_\_\_ Contact \_\_\_\_\_ Email \_\_\_\_\_  
 Attendees (if different from Contact): 1 \_\_\_\_\_ 2 \_\_\_\_\_  
 Address \_\_\_\_\_ 3 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 4 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Product / Service \_\_\_\_\_

- Title Sponsor \$7,500
- Premium Booth \$3,000
- Expanded Table Top \$2,000
- Table Top \$1,300
- Extra Representatives \$125 each (after first or second representative, according to package) . Extra rep Fee includes meal package Friday only.
- Early Registration Discount \$300 if form and payment received before November 1, 2011.
- E-blast \$500
- Bag Insert \$750
- Jump Drive \$2,500
- Key Card \$1,500
- Speaker Supporter \$1,000 (in addition to package)
- We will participate in the 5K Run. Cost is \$20 per runner.

Total Due \$ \_\_\_\_\_

Credit Card Payment:

Card type: VISA  Master Card

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Billing address for card  Company address above  Other address \_\_\_\_\_ Signature \_\_\_\_\_ Sec. Code \_\_\_\_\_

Please send an invoice.  Check is in the mail, payable to CAFP.  (booths are not assigned until payment is received)

Electricity Requested.  Internet Requested.  (forms and payment arranged with hotel)

\_\_\_\_\_ This company is an AAFP Corporate Sponsor.

\_\_\_\_\_ We have made our hotel reservations, and have specified with Cheyenne Mountain Resort that we are exhibitors for the CAFP Annual Scientific Conference.

\_\_\_\_\_ We are aware that registration includes meals for Friday only for one representative.

**Please fax a copy of this completed form to 605-448-2948. Call 720-248-3797 for more information.**