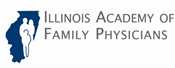
**CONFERENCE SUPPORTER/EXHIBITOR APPLICATION**

**5th Annual Chicago Essential Evidence Update**

**March 2-3, 2018**

**University of Illinois at Chicago**

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

**Company Name:**

**Phone: Email:**

**Name of staff person attending:**

**$1000 Exhibitor / Supporter**

* Exhibit space for both days of conference
* Designated exhibit breaks for networking scheduled in attendee program agenda
* Opportunity to attend and network with attendees both days of conference
* 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 100 copies)*
* Pre-registration attendee list for networking: Final 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 100 copies)*
* A copy of the final conference attendee list will be emailed post-event

**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#: \_\_\_\_\_ \_\_\_ Billing Zip Code \_\_\_\_\_\_\_\_\_\_\_ 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)