



**Register for
Two Full Days
of
Exhibiting**

- Exhibit Tables
\$600
- Floor Displays
\$800
- Sponsorships &
Advertising

**Expecting
125 Practicing
Physicians and
45 Family Medicine
Residents to
attend meeting.**

May 14-16, 2009

**The Crowne Plaza-Campbell House
Lexington, KY**

You are cordially invited to exhibit at the Kentucky Academy of Family Physicians 58th Annual Scientific Assembly at the newly renovated Crowne Plaza Hotel-The Campbell House, Lexington, Kentucky, May 15th & 16th, 2009. Commercial and Scientific Exhibits will be allotted ample time for visitation. We plan to have **Booth Visitation Prizes**, which will be awarded only to those physicians having a signed card which shows they have visited the exhibit booths. We will also have an **Early Bird Exhibitors' Door Prize** and a **Grand Exhibitors' Door Prize** to show our appreciation for your support. Breakfast, lunch and all coffee breaks are provided in the exhibit hall for both Exhibitors and Registered Attendees. We are indeed grateful for the generous support of all the exhibitors and contributors without which it would be impossible to hold this Scientific Assembly. We encourage you to send your contracts in early as spaces will be assigned on a first come, first serve basis and are limited.

Two Day Exhibiting Tentative Schedule

Thursday, May 14, 2009

12:00 Noon-3:00 PM
3:00 PM-6:00 PM

Early Bird Exhibit Set-up (Door Prize Drawing for Exhibitors)
Late Exhibit Set-up (All exhibits must be set-up by 6:00PM
or 7:00AM Friday)

Friday, May 15, 2009 and Saturday, May 16, 2009

7:00 AM-8:00 AM
10:00 AM-10:30 AM
12:30 PM-1:30 PM
3:30 PM-4:00 PM
4:00 PM

Continental Breakfast/Exhibit Visitation
Morning Break/Exhibit Visitation
Lunch/Exhibit Visitation
Afternoon Break/Exhibit Visitation
Exhibit Area Closed Daily
Exhibits removed by 5:00PM on Saturday, May 16, 2009

EXHIBIT DOOR PRIZES

Early Bird Exhibitors' Door Prize will be given away by a drawing on Friday, May 15, 2009 at 3:15pm. To be eligible to win you must complete an Exhibit Representative Form and exhibit must be fully mantled by 3:00 pm on Friday, May 15th. Door Prize will be a **\$100 GIFT CERTIFICATE FROM BEST BUY**.

Grand Exhibitors' Door Prize will be given away at the conclusion of the exhibit visitation on Saturday, May 16th at 4:15pm. To be eligible to win you must complete an Exhibit Representative Form, exhibit must be fully mantled until 4:00pm and a representative from your company must be present to win. Grand Prize will be a **\$200 GIFT CERTIFICATE FROM BEST BUY**.

WHAT YOU NEED TO KNOW ABOUT EXHIBITING

TECHNICAL EXHIBIT INFORMATION AND REGULATIONS:

KAFP will assign exhibit space on a first come first serve basis. We will try our very best to keep competitors separate.

1. Booth size is **6' Table Top Exhibit**. Table top exhibits must fit on a 6' table. The Booth furnishings and equipment provided at no charge are as follows: 6' table, table cloth draped to floor, two chairs. Arrangement of tables & skirting will be set up by the KAFP staff. Tables may not be moved without permission from the KAFP. Exhibitor will be responsible for shipping of equipment, mantling/dismantling exhibit, and power strips. Electric & Extension-cords will be provided by the Crowne Plaza Hotel for a \$15 Charge.
2. Booth size is **Floor Model Exhibit**. Floor model must fit in a 10'x10' area if it does not an additional space must be purchased. Booth furnishings and equipment provided at no charge will be 2 chairs. Exhibitor will be responsible for shipping of equipment, mantling/dismantling exhibit, and power strips. Electric & Extension Cords will be provided by the Louisville Marriott East Hotel for a \$15 charge. Please note: If you plan to use a table at your booth it must be a small table and skirted. KAFP staff will do everything possible to provide you with this item but it is not guaranteed. Please let us know if a small table is needed.

SHIPPING INSTRUCTIONS:

The hotel can receive a limited number of shipments early but if storage is needed, please call **Allan Cormney**, Sales Manager at the Crowne Hotel 859-519-1314. All shipments should be marked as follows: **The Crowne Plaza Hotel, 1375 South Broadway, Lexington, KY 40504, "Hold for May 14-16, 2009, Kentucky Academy of Family Physicians and Your Company Name"** **MUST BE ON SHIPMENT**. Please contact the hotel before your arrival to make sure your shipment has been received. KAFP is not responsible for any shipped items.

EXHIBIT VISITATION:

Please refer to SCHEDULE AT-A-GLANCE. The times listed are when the registered attendees will be breaking for meals, breaks and booth visitation. To encourage individual visitation at booths, we will offer several nice door prizes. Attendees will be given color coded "Door Prize Cards" that will require signatures from Exhibitors each day of the conference.

PUBLICITY:

Publicity on the KAFP 58th Annual Scientific Assembly will be carried in various states' Family Practice publications, the AAFP's National Publication **Family Practice**, the **KAFP Web-site**, **E-News Letter**, **Journal**, and **Direct Mailings** to over 1,300 KAFP members. The Assembly will gain national coverage through the American Academy of Family Physicians' office as an approved **CME Meeting**.

SECURITY/LIABILITY:

Security will be present during exhibit hours. The KAFP will do everything possible to protect the exhibitor's property; however, this is not to be construed as a guarantee. The KAFP nor their employees will be responsible for any losses, damages, or injuries that may occur to the exhibitor or the exhibitor's employees or property from any cause whatsoever prior, during or subsequent to the period covered by exhibit contract. The exhibitor, or signing of contract, expressly releases the KAFP from, and agrees to indemnify same, against any and all claims for such loss or damage or injury. Any damage to the building or persons due to the carelessness of the exhibitor must be paid for by the exhibitor causing same.

ADVERTISING & SPONSORSHIPS:

Take advantage of this advertising opportunity to widely publish the latest information your company has to offer. Each exhibitor will receive a free 50 word or less company description in the 2009 program. Add your company logo to enhance your exhibit listing or place additional ads. Sponsorships are available for events and items.

1. Program Ads-Inside 1st Page or Back Cover-\$250, Full Page-\$150, Half Page-\$100, Quarter Page \$50, 1x2 Logo beside description-\$25
2. Sponsorship of Resident Program/Reception & Quiz Bowl-\$100to\$1,000
3. Sponsorship of Attendee Tote Bags w/Your logo on one side and KAFP 58th Annual Scientific Assembly on other side plus a Full Page Ad inserted into Tote page and KAFP Membership contact list-\$1,200.

HOTEL RESERVATION INFORMATION:

Contact: The Crowne Hotel-The Campbell House • 1375 South Broadway • Lexington, KY 40504

Phone: 859-519-1337

Group Code: KFP

Set-up & Exhibit Dates: Friday, May 15, 2009 – Saturday, May 16, 2009

Room Rate: Single/Double \$139.00 plus 13.42% tax-King \$139.00 plus 13.42% tax

Traveling EAST on I-64, Take Exit 113 • Traveling WEST on I-64, Take Exit 113

Application and Contract Exhibit Form

**KENTUCKY ACADEMY OF FAMILY PHYSICIANS – 58th ANNUAL SCIENTIFIC ASSEMBLY
at the Crowne Plaza Hotel-The Campbell House, Lexington, Kentucky
May 15th & 16th, 2009**

Contact Information: Phone: 1-888-287-9339 • Fax: 1-888-287-0662 • Email: janice.hechesky@kafp.org

**COMPANY
NAME** _____

COMPANY CONTACT INFORMATION:

Contact Name: _____ Title: _____

(Correspondence concerning this program will be forwarded to this contact person)

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax _____

May we contact you through email? Yes No Email: _____

ASSIGNMENT INFORMATION: Exhibit space will be assign on a first come, first served. In the assignment of exhibit space, we will try our best to keep Competitors separate. To assist us, please list any companies that have product lines competitive with yours.

What products, services or equipment will you be displaying? _____

Exhibit Description to be listed in Exhibit Program: 50 words or less. You may attach under separate cover.

Exhibit Space:

# of Booths _____	\$600 6ft Table Top Display <input type="checkbox"/> (√)	Electric <input type="checkbox"/> (√)	\$15.00
# of Booths _____	\$800 Floor Display <input type="checkbox"/> (√)	6ft. Table needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Electric <input type="checkbox"/> (√) \$15.00

Yes, I am interested in Ads and/or Promotional Opportunities _____ \$ _____
Total \$ _____

For more information contact **Janice Hechesky**, Program Coordinator

KAFP, P.O. Box 1444, Ashland, KY 41105, Phone: 1-888-287-9339, Fax: 1-888-287-0662, Email: janice.hechesky@kafp.org

Payment due May 1, 2009 please make check payable to: KAFP Tax ID# 61-0564546

Please find enclosed a check in the amount of \$ _____ Check will be mailed _____ (date).

Credit Card (3% Service Charge will be added) Visa MasterCard American Express

Card Number _____ Exp Date _____ Security Code _____

Cardholder _____ Zip Code _____

Signature _____

ACCEPTANCE AS BINDING CONTRACT FOR EXHIBITOR

We agree to accept the space assigned to us by the KAFP. We understand that until you receive this contract properly executed, no definite reservations will be made. We understand that by signing the contract binds us to an exhibit and payments. Payment is still due in the event of cancellation. CONTRACT MUST BE SIGNED BY RESPONSIBLE PERSON OF YOUR COMPANY.

Name: _____ Title: _____

(Please Print) (Your Company)

Signature: _____ Date: _____

Accepted by: _____ Date: _____

(KAFP Representative)

Kentucky Academy of Family Physicians

P.O. Box 1444

Ashland, KY 41105-1444