

EXHIBITOR REGISTRATION



April 24, 2015

Hampton Inn & Suites
4600 Summit
Kansas City, MO 64112

Tax ID # 48-0892759
Fax: 866-519-0365



_____	Platinum Exhibitor	\$3,000
_____	Gold Exhibitor	\$2,000
_____	Silver Exhibitor	\$1,500
_____	Basic Exhibitor	\$700 if payment is received on or before April 5th \$800 if payment is received after April 5th
_____	Both 2014 KAAP CME Meetings \$1,350	

Total Amount of Exhibit \$ _____

Please Print (below firm name will be used on printed materials)

Name of Firm: _____

Address: _____

City, State, Zip: _____

Representative(s) Attending (exhibit packet will be emailed to the address given below)

Nametag Name (s): _____

Telephone: _____ Email: _____

☐ **Check Payment**

Payable: Kansas Chapter of AAP along with this form to:

Kansas Chapter of AAP
9905 Woodstock Street
Lenexa, KS 66220-8000

or Fax to: (866) 519-0365

☐ **Credit Card Payment** - VISA, American Express, MasterCard, or Discover accepted

Card # _____

Exp. Date _____ CSC# _____

Print Name (as appears on card) _____

Billing Address _____

Signature _____

Discount Payment Deadline: April 5th

Questions? Contact Chris Steege at chris.steege@kansasaap.org