



Invitation to Exhibitors & Swag Bag Sponsors for the AAFCP 39th Annual Meeting

“AAFCP Virtual-Apart But Still Together with Creighton Model
FertilityCare System and NaProTECHNOLOGY”
July 23-25, 2020

We are pleased to announce that this year’s Annual Meeting has been changed to a virtual format through the WHOVA platform. This is an exciting opportunity for attendees and exhibitors from around the world to collectively gather and learn more about the Creighton Model FertilityCare System and NaProTECHNOLOGY. Both offer a holistic, healthy and highly effective approach to family planning and assist in restoring and maintaining genuine, reproductive health.

We invite you to preview the meeting agenda and/or register as a participant for this event at <https://aafcp.net/annualmeeting>

This Annual Meeting offers practitioners, medical consultants and other health care professionals an opportunity to discover new developments in this rapidly evolving field, as well as educational opportunities for marketing their services, building professional relationships, obtaining 3rd party reimbursement and earning applicable CME’s and CEU’s.

We also invite you to join as an **Exhibitor** and/or a **Swag Bag Sponsor**. Attached please find Exhibitor Guidelines, Reference Sheet, Exhibitor Agreement/Registration Forms and fees for your review. This information can also be found at the above website.

Please note exhibitors/sponsors wishing to attend the Annual Meeting must register separately as a participant as well as an exhibitor.

We hope you can join us for this exciting event and we thank you for your attention.

If you have any questions, please contact:

Jeanne Karnath, CFCP

AAFCP Public Relations

publicrelations@aafcp.net



Exhibitor/Swag Bag Sponsor Agreement
for the AAFCP 39th Annual Meeting
“AAFCP Virtual-Apart But Still Together with Creighton Model
FertilityCare System and NaProTECHNOLOGY”
July 23-25, 2020

Exhibitor Information

Name of Organization _____

Address _____

City _____ **State** _____ **Province** _____ **Country** _____

Zip Code _____ **Phone (____)** _____

Fax (____) _____ **Contact Email** _____

Website Address: _____

Person(s) Authorized to Sign For Your Organization

Name _____ **Name** _____

Position _____ **Position** _____

Agreement

I, _____ of _____
(name) (organization)

have read and agree to the Guidelines for Exhibitors attached.

I understand if the AAFCP refuses my application to participate, my fee will be returned.

Printed Name _____ **Signature** _____

Fees: Exhibitor Fee \$100.00 _____ **Swag Bag Sponsor \$25.00** _____

Total: _____ (check# _____)

Please Register online at: aafcp.net/annualmeeting or mail this Exhibitor Agreement & check payable to AAFCP

c/o: Jamie Hobor, VP of Finance

740 Lynch Cir

Virginia Beach, VA 23455

N.B.: This agreement is a legally binding contract once approved by the AAFCP Board of Directors