



MISSISSIPPI ACADEMY OF FAMILY PHYSICIANS

# FALL INTENSIVE: INFORMED OPIOID PRESCRIBING

SATURDAY, NOVEMBER 2, 2019 | 8:30 AM - 4 PM  
WESTIN HOTEL | 407 S. CONGRESS ST, JACKSON

**LOCATION:**

Westin Hotel, 407 S. Congress Street, Jackson MS  
(601) 968-8200  
Hotel Room Rate: \$139 plus tax per night  
Hotel room Drop Date: Friday, October 11

**BOOTH FEE:**

Space will be charged at a rate of \$700 per booth. Space must be paid in full on or before October 1, 2019

**EXHIBIT BOOTH DETAILS:** Includes 6-foot table and a chair. Please see details and registration information below. Times are tentative. *Set Up:* Friday, November 1, After 4 pm. *Exhibit Hours:* November 2, 8 am to 4 pm

**AUDIENCE:**

Family physicians, residents and other primary care physicians

**SCHEDULE/TOPICS:** <https://www.msafp.org/intensive>

## EXHIBIT APPLICATION & CONTRACT

Exhibit space will be assigned on a first-come, first-serve basis, according to the date the contract and payment are received. There is limited amount of exhibit space available, so please register early. PLEASE TYPE OR PRINT CLEARLY BELOW.

<b>Company Name:</b>	(exactly as you wish it to appear in print)		
<b>Contact Name:</b>		<b>Cell:</b>	
<b>Address:</b>		<b>Fax:</b>	
<b>City/State/ZIP:</b>		<b>E-mail:</b>	
<b>First-Time Attendee?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Electricity?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Exhibitor 1 Name:</b>		<b>City, State:</b>	
<b>Exhibitor 2 Name:</b>		<b>City, State:</b>	
<b>Booth:</b>	Includes a 6-foot table, access to electricity (if needed), and a chair		<b>TOTAL TO BE PAID:</b> \$700.00

**CANCELLATION POLICY:** If a space is canceled after October 1, 2019, full payment for space will still be due and payable. If cancellation becomes necessary, MAFP will refund one-half of the exhibit fee **ONLY IF WRITTEN PRIOR to October 1, 2019**. If space is not paid for in full by **October 1, 2019** it may be reassigned to another exhibitor at the option of the MAFP Professional Development Committee. **Discounts and exhibit space cannot be given to organizations providing unrestricted grant money to the CME program. The exhibit fee is \$700.**

**RULES/REGULATIONS:** Any company which reserves a booth space and does not inform MAFP of its plans for non-attendance will not be permitted to participate in future MAFP exhibitions and will also forfeit 100% of the total cost of the exhibit space assigned.

**\*Signature (required)** \_\_\_\_\_ **\*Date** \_\_\_\_\_

**PAYMENT INFORMATION:** (MAFP Tax ID# 64-6025386)

Payment in full required by October 1, 2019 <input type="checkbox"/> Check payable to MAFP <input type="checkbox"/> AmEX <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA	<b>Name on Card:</b>	
	<b>Card Number:</b>	
	<b>Expiration Date:</b>	<b>3-Digit Code:</b>
<b>Billing Address:</b>		
<b>City/State/ZIP:</b>		

*\*For your protection and due to the insecure nature of emails which can be intercepted by malware software, we do not accept credit card numbers by email. Please forward your information by fax or US mail, or contact us directly at 601-853-3302 to provide your information over the phone.*

**Please sign and return with payment to: MS Academy of Family Physicians, 755 Avignon Drive, Ridgeland, MS 39157  
P: 601-853-3302 F: 601-853-3002 kristen@msafp.org – www.msafp.org**