

INVITATION TO SPONSOR AND EXHIBIT

**ALASKA ACADEMY OF FAMILY PHYSICIANS
21ST ANNUAL SCIENTIFIC ASSEMBLY
THURSDAY JUNE 15-SUNDAY JUNE 18, 2006
HOMER HIGH SCHOOL, HOMER, ALASKA**

The Alaska Academy of Family Physicians is inviting you to sponsor speakers, meals and exhibit at our 21st Annual Scientific Assembly, to be held at the Homer High School, June 15-18, 2006. To reserve your sponsorship and exhibit space, please complete this form and return it to our office at your earliest convenience. Our goal for this meeting is to draw Alaskan Physicians, Nurse Practitioners and Physician Assistants.

I Wish to Register:

Company

Representative

Address

Rep's Address

City & Zip Code

City & Zip Code

Phone

Phone

E-Mail

Exhibitor Fee of \$700.00 is enclosed. Receipt of payment will reserve exhibit space. Breakfast on 6/15-18 and lunch on 6/15 & 6/17 will be provided.

My company will/will not attend, and/but wish to contribute \$ _____ toward a speaker's expense or sponsor a meal. I understand that my company's name will be acknowledged during the convention as a sponsor of the Alaska Academy of Family Physicians 21st Annual Scientific Assembly in Homer, Alaska. Contact Marilyn Dodd at 258-2255 to make specific arrangements.

Date

Signed

Checks should be made out to ALASKA ACADEMY OF FAMILY PHYSICIANS. Please return this completed registration form to Alaska Academy of Family Physicians, P. O. Box 222665, Anchorage, Alaska 99522.

Payment may also be made by AMEX, Visa or MC# _____ exp _____
Signature _____ CVC Code -3 digit code on back of card _____

SPONSORSHIP & SPACE IS LIMITED AND WILL BE ASSIGNED ON A FIRST-COME FIRST-SERVE BASIS.

The Alaska Academy of Family Physicians thanks you for your participation and looks forward to an exciting and successful meeting in Homer Alaska.

Katy Sheridan MD
Academy President

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