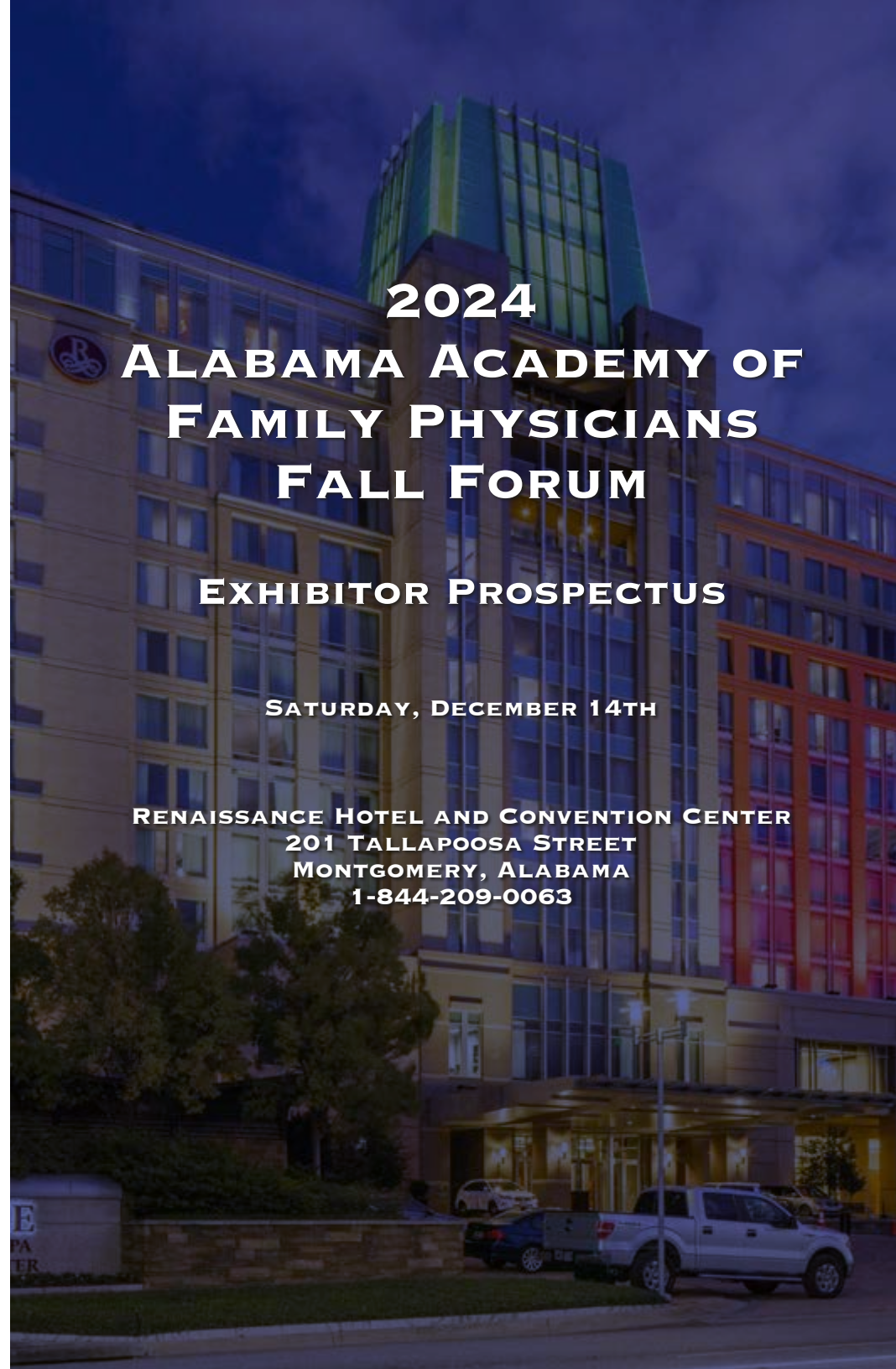


ALABAMA ACADEMY OF FAMILY PHYSICIANS  
19 SOUTH JACKSON ST.  
MONTGOMERY, AL 36104



**2024**  
**ALABAMA ACADEMY OF**  
**FAMILY PHYSICIANS**  
**FALL FORUM**

**EXHIBITOR PROSPECTUS**

**SATURDAY, DECEMBER 14TH**

**RENAISSANCE HOTEL AND CONVENTION CENTER**  
**201 TALLAPOOSA STREET**  
**MONTGOMERY, ALABAMA**  
**1-844-209-0063**

***Our 2024 Fall Forum will be held at the Renaissance Hotel and Convention Center, Montgomery, AL Dec 14th. This meeting attracts an average of 100 family medicine and other primary care physicians each year. Our physicians are encouraged to spend time with our exhibitors, giving you and your organization's maximum exposure. Space at the hotel is limited, so don't delay. Get registered and book your hotel stay under our discounted rate at [alabamafamilyphysicians.org](http://alabamafamilyphysicians.org). Registering through our website is required whether you are paying with a credit card or check. Our discounted hotel rates expire Nov. 19th. We look forward to seeing you December 14th!***

**Friday Dec. 13th**

6:00 pm – 8:00 pm Vendor Set-up

**Saturday Dec. 14th**

6:00 am – 7:00 am Vendor Set-up

7:00 am – 8:00 am Continental Breakfast Exhibit Hall

9:30 am – 10:00 am Break Exhibit Hall

12:00 pm – 12:45 pm Strolling Lunch Exhibit Hall

2:45 pm – 3:15 pm Break Exhibit Hall

5:15 pm – 6:15 pm Reception

When calling for your hotel reservations mention that you want a room in the Alabama Academy of Family Physicians room block. Deadline for making hotel reservations in our room block is: November 19th

Renaissance Hotel and Convention Center  
201 Tallapoosa Street • Montgomery, Alabama  
1-334-481-5000

Attendees use “Alabama Academy of Family Physicians”  
Room block expires November 19th.

For more information, call: Jeff Arrington, EVP (334) 294-9629  
email at: [alafamdoc@gmail.com](mailto:alafamdoc@gmail.com)

**EXHIBIT REGISTRATION**

\$1,000.00

(Please Print Clearly)

Exhibiting Firm's name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

WORDS FOR BOOTH SIGN: (Limit is 18 characters)

----- Number of Booths -----

**Make check in the amount of \$1,000.00 payable to:  
AAFP, P.O. Box 1900, Montgomery, Alabama 36102-1900  
Our Tax ID # is 63-0363485**

***In order to process credit cards, all information must be completed, including an e-mail address & phone number.  
All cancellations will be charged a \$50.00 Administrative Fee.***

Please circle your card type: MasterCard VISA  
Discover American Express

(Please Print Clearly)

Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_/\_\_\_/\_\_\_ Verification code: \_\_\_\_\_

Signature: \_\_\_\_\_

**NO REFUNDS AFTER:  
November 30, 2024**