

Our 2025 Fall Forum will be held at the Montgomery
Marriott Prattville Hotel & Conference Center at Capitol Hill,
Prattville, AL Dec 13th. 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. Registering through our
website is required whether you are paying with a credit card
or check. Our discounted hotel rates expire Nov. 12th.
We look forward to seeing you December 13th!

Friday Dec. 12th

Saturday Dec. 13th

6:00 am - 7:00 am

6:00 pm - 8:00 pm

7:00 am - 7:30 am

9:30 am - 10:00 am

12:00 pm - 12:45 pm

2:45 pm - 3:15 pm

Vendor Set-up

Vendor Set-up

Continental Breakfast Exhibit Hall

Break Exhibit Hall

Strolling Lunch Exhibit Hall

Break Exhibit Hall

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 12th

Montgomery Marriott Prattville Hotel & Conference Center at Capitol Hill 2500 Legends Circle • Prattville, Alabama 1-334-290-2105

Attendees use "Alabama Academy of Family Physicians" Room block expires November 12th.

For more information, call: Jeff Arrington, EVP (334) 294-9629 email at: 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 payable to AAFP, 19 South Jackson Street, Montgomery, AL 36104 Our Tax ID # 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: Master (Please Print Clearly) Cardholder:	Card VISA Discover American Express
Billing Address:	
City:	State: Zip:
Phone:()	FAX:()
Email:	
Amount: \$	
Card Number:	
Exp. Date://	Verification code:
Signature:	
NO REFUNDS AFTER:	

NO REFUNDS AFTER: November 30, 2025