



Nevada Academy of Family Physicians

*P.O. Box 27713 • Las Vegas, NV 89126
phone 702-228-5822 • fax 702-228-9737
e-mail: nafplvbb@aol.com • web site: www.NVAFP.com*

OFFICERS:
S. WILLIAM PIERCE, JR., MD
PRESIDENT, Henderson
CATHY S. ENDO, MD
PRESIDENT-ELECT, Reno
MARY M. MAUL, MD
SECRETARY/TREASURER, Reno

DIRECTORS:
CONNIE ANTONE-KNOLL, MD, Fernley
WILLIAM C. EVERTS, DO, Zephyr Cove
THOMAS HUNT, MD, Las Vegas
CATHERINE McCARTHY, MD, Reno
NANUNDA SUBRAMANYAM, MD, Las Vegas

January 3, 2008

STAFF:
C. BROOKE WONG
EXECUTIVE DIRECTOR
BARBARA BOLLING
SPECIAL PROJECTS DIRECTOR

Dear Exhibitors & Sponsors:

We are happy to announce that our **19th Annual Summer CME Meeting** will be held August 15-17, 2008 at the Golden Nugget in Las Vegas, and we believe this will be our best year ever!

It is our pleasure to invite you to exhibit at our meeting on August 15, 2008. Those of you who have participated in the past know of the continued growth and enthusiasm this annual meeting entails. We anticipate a highly attended meeting by over **100 family physicians and health care providers**.

We have enclosed an exhibit application and additional information regarding exhibit hours and show information for our 2008 meeting. Eight-foot tables will be assigned as soon as the completed application has been received in our office, so we encourage you to return the application with payment promptly.

Should you need additional information regarding this opportunity, please contact Barbara Bolling at 702-228-5822 or nafplvbb@aol.com. You can access the entire meeting program as well as hotel reservation information on our Web site at **www.NVAFP.com**.

Thank you for your thoughtful support of our continuing medical education programs!

Sincerely,

The 2008 CME Planning Committee:

Barbara Bolling, Meeting Coordinator
Tom Hunt, MD, Committee Chair
Alvin Lin, MD, Committee Member
Andra Prum, DO, Committee Member
Brooke Wong, Executive Director

P.S. We are still seeking sponsors for the daily breakfasts in the lecture hall, lunches, an evening reception in the exhibit hall, etc. If you are interested in hosting one of these events, please contact Barbara Bolling at the NAFP office at 702-228-5822.

EXHIBITORS
19th ANNUAL SUMMER CME MEETING
NEVADA ACADEMY OF FAMILY PHYSICIANS

The Golden Nugget – Las Vegas
August 15-17, 2008

Registration and booth set up: Friday, August 15
Anytime between 8:00 a.m.
and 12:00 p.m.

EXHIBIT HOURS: **Friday, August 15**
12:00 p.m. - 7:00 p.m.

Lunch and snacks will be available to attendees in the Exhibit Hall. Also, a welcome reception will be held there from 5:00 - 7:00 p.m.

Dismantling: 7:00 p.m.

Exhibit Fee: \$400.00 (includes an 8 foot draped table)

Anticipated Attendance: 100 - 125 Family Physicians

Boxes and Packages

Please address drayage as follows: Before shipping, please contact Barbara Bolling for detailed shipping instructions and to discuss charges.

Golden Nugget Hotel
129 East Fremont Street
Las Vegas, NV 89101
Attn: Banquet Department
Hold for (company name)

Nevada Academy of Family Physicians 19th Annual Summer CME Meeting

Exhibit on August 15, 2008

Golden Nugget Hotel • Las Vegas, Nevada

EXHIBIT APPLICATION

Company: _____

***Please indicate exactly how your company name should appear on the booth sign**

Person in charge of exhibit: _____

Address: _____

Phone: _____ - _____ - _____ Fax: _____ - _____ - _____ E-mail: _____

Name of representatives attending:

1. _____ 3. _____

2. _____ 4. _____

Number of 8-foot tables requested (circle one): **One** **Two**

Other Sponsorship Opportunities:

Platinum Contributor Unrestricted Educational Grant \$3,000	Gold Contributor Unrestricted Educational Grant \$2,000	Silver Contributor Unrestricted Educational Grant \$1,000	Bronze Contributor Unrestricted Educational Grant \$500	Breakfasts & Receptions Full or partial support available \$2,000
Supporter Breaks Company name or logo on break tables \$500	Syllabus Printing Company name or logo on cover of every binder \$500		Support of Daily A/V Company name or logo on daily PowerPoint \$500	

Total amount enclosed or authorized to be paid by one of the following methods \$ _____

Payment Type: _____ Check _____ Visa/MasterCard _____ American Express _____ Discover

Card Number: _____ Exp: _____

Security Code: _____ Name on Card: _____

Address (if different from above): _____

Please return this form with exhibit fee (made payable to NAFP) to:

Tax ID: 88-6004333
nafplvbb@aol.com
702-228-5822 - Phone
702-228-9737 - Fax

Barbara Bolling, Meeting Coordinator
NAFP
PO Box 27713
Las Vegas, NV 89126

Additional meeting and hotel reservation info online at www.nvafp.com

PLEASE RETURN THIS FORM ASAP TO SECURE YOUR SPACE