



NEVADA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR NEVADA

April 15, 2022

Dear Exhibitors & Sponsors:

We are happy to announce that our **33rd Annual Summer CME Meeting** will be held again at the **Tropicana Las Vegas**, from August 26-28, 2022. We believe this will be our best year ever!

It is our pleasure to invite you to exhibit at our meeting on Friday, August 26, 2022. 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 up to **125 family physicians and health care providers**.

We have enclosed an exhibit application and additional information regarding exhibit hours and show information for our 2022 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 Brooke Wong at 775-826-5100 or brooke@nvafp.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,

C. Brooke Wong
NAFP Executive Director

Neil Gokal, MD, FAAFP
NAFP Director and CME
Committee Co-Chair

Thomas Hunt, MD
NAFP Past President and CME
Committee Co-Chair

P.S. We are still seeking sponsors for the daily lunches, an evening reception in the exhibit hall, etc. If you are interested in hosting one of these events, please contact Brooke Wong at the NAFP office at 775-826-5100.

www.nvafp.com

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EXHIBITORS
33rd ANNUAL SUMMER CME MEETING
NEVADA ACADEMY OF FAMILY PHYSICIANS

Tropicana Las Vegas
August 26, 2022

Registration and booth set up: Friday, August 26, 2022
Anytime after 9am

EXHIBIT HOURS: **Friday, August 26, 2022**
12:30 – 1:30 pm
3:30 – 3:45pm
6:30 p.m. – 9:00 pm
Our Sip & Savor Tasting event will be held within the Exhibit Hall.

Raffles will also be held to encourage attendees to visit each exhibit booth.

Dismantling: 9:00 pm

Exhibit Fee: \$750.00 (includes an 8 foot draped table)

Anticipated Attendance: 125-150 Family Physicians

Boxes and Packages

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

Hold for: (Company Name)
Group Name: Nevada Academy of Family Physicians-
33rd Annual Summer CME Meeting
Arrival Date: (Company Arrival Date)
Hotel: Tropicana Las Vegas
Address: 3801 Las Vegas Blvd. South
Las Vegas, NV 89101
Phone: 702-739-2222

Nevada Academy of Family Physicians 33rd Annual Summer CME Meeting

August 26 – 28, 2022
Tropicana • Las Vegas, Nevada

SPONSOR/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. _____

Exhibit Fee: **\$750**

Other Sponsorship Opportunities:

Title- Platinum Contributor Unrestricted Educational Grant \$10,000	Gold Contributor Unrestricted Educational Grant \$5,000	Silver Contributor Unrestricted Educational Grant \$2,500	Bronze Contributor Unrestricted Educational Grant \$1,000	Syllabus Printing Company name or logo on cover of every syllabus \$2,000
Hospitality Suite Host the hospitality suite on Friday Night for the Post-Sip & Savor Party \$2,500	Hospitality Suite Host the hospitality suite Saturday Night for our Student and Resident Reception \$2,500	Support of Daily A/V Company name or logo on daily PowerPoint \$1,500	Student/Resident Retreat Sponsorship Company name or logo on all print materials. Representation at retreat \$2,500	

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
brooke@nvafp.com
775-826-5100 - Phone

Brooke Wong
NAFP
705 Tahoe St, Ste A
Reno, NV 89509

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

PLEASE RETURN THIS FORM ASAP TO SECURE YOUR SPACE