



AMERICAN ACADEMY OF ANTI-AGING MEDICINE
 20TH ANNUAL WORLD CONGRESS ON ANTI-AGING MEDICINE AND
 REGENERATIVE BIOMEDICAL TECHNOLOGIES



Orlando 2012
 May 17-19

Las Vegas 2012
 December 13-15

Company _____ Website _____

Contact Name _____ Email _____

Mailing Address _____

City _____ State/Country _____ Zip _____

Telephone _____ Fax _____

10x10 Booth	\$3,995
10x10 Premier Package	\$8,595
10x20 Booth	\$7,390
10x20 Premier Package	\$11,400
20x20 Island Booth	\$15,000
20x30 Island Booth	\$23,800

- Premier Packages Include:**
- 1/2 Page Ad in Anti-Aging Medical News
 - Literature Insert
 - Directory Listing
 - Virtual Exhibit Hall Listing
 - Lead Retrieval System
 - Two Additional Full Passport Registrations

Total Amount Due:

Booth Selections — Top Two Choices:	
Orlando 2012	Las Vegas 2012

Tell us of your specialty/product/service:

Additional Marketing Opportunities

<input type="checkbox"/> Full Page Ad in Anti-Aging Medical News Magazine:	\$3,800	<input type="checkbox"/> Hand Sanitizer Sponsorship:	\$3,500
<input type="checkbox"/> 1/2 Page Ad in Anti-Aging Medical news Magazine:	\$2,300	<input type="checkbox"/> Lanyard Sponsorship (1 of 3):	\$2,000
<input type="checkbox"/> 12 Month Virtual Exhibit Hall listing on worldhealth.net:	\$2,000	<input type="checkbox"/> Premier Lanyard Sponsorship (Exclusivity):	\$6,000
<input type="checkbox"/> 12 Month Product Directory Listing on worldhealth.net:	\$750	<input type="checkbox"/> Pill Box Sponsorship:	\$3,000
<input type="checkbox"/> One Page Literature Insert in Physicians Bag	\$2,000	<input type="checkbox"/> Dual Function Pen Sponsorship:	\$3,500
<input type="checkbox"/> Lead Retrieval	\$285	<input type="checkbox"/> Exhibit Hall Entrance Logo Rug	\$2,000
<input type="checkbox"/> Notebook Sponsorship (1 of 2):	\$3,500	<input type="checkbox"/> Sponsored Prize	Variable
<input type="checkbox"/> Notebook Sponsorship (Exclusivity)	\$7,000		

Payment in full must accompany this application.

Credit Card Number: _____ Exp. Date: ____/____/____ Sec. Code: _____

Name as it appears on Card: _____

By Bank Transfer:

Bank Name: Associated Bank	Account Name: Medical Conferences International Inc.
Bank Address: 401 E Kilbourn Ave, Milwaukee, WI, 53211	Account Address: 16985 W. Bluemound Road,
Sort Code: 075900575 Swift Code: ABGBUS44	Brookfield, WI, 53005
Account Number: 2173275823	

Signature : _____ Date : ____/____/____

By signing this application, Exhibitor attests that they have received, reviewed and consents to the attached Exhibitor Terms and Conditions.
 A4M/MCII reserves the right to inspect or refuse any marketing materials listed above.