



# AMERICAN ACADEMY OF ANTI-AGING MEDICINE

20TH ANNUAL WORLD CONGRESS ON  
ANTI-AGING and REGENERATIVE MEDICINE

Venetian Hotel, Las Vegas

December 13-15, 2012



Company \_\_\_\_\_ Website \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

10x10 Booth	\$3,995	<p style="text-align: center;"><b>Premier Packages Include:</b></p> <ul style="list-style-type: none"> <li>• 1/2 Page Ad in Anti-Aging Medical News</li> <li>• Literature Insert</li> <li>• Directory Listing</li> <li>• Virtual Exhibit Hall Listing</li> <li>• Lead Retrieval System</li> <li>• Two Additional Full Passport Registrations</li> </ul>	<p><b>Total Amount Due:</b></p>
10x10 Premier Package	\$8,595		
10x20 Booth	\$7,390		<p><b>Booth Selections — Top Two Choices:</b></p>
10x20 Premier Package	\$11,400		
20x20 Island Booth	\$15,000		
20x30 Island Booth	\$23,800		

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:**

<b>Bank Name:</b> Associated Bank	<b>Account Name:</b> Medical Conferences International Inc.
<b>Bank Address:</b> 401 E Kilbourn Ave, Milwaukee, WI, 53211	<b>Account Address:</b> 16985 W. Bluemound Road,
<b>Sort Code:</b> 075900575 <b>Swift Code:</b> ABGBUS44	Brookfield, WI, 53005
<b>Account Number:</b> 2173563616	

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.