



NEVADA ACADEMY OF  
FAMILY PHYSICIANS  
**STRONG MEDICINE FOR NEVADA**

March 15, 2017

Dear Exhibitors & Sponsors:

We are happy to announce that our **28<sup>th</sup> Annual Summer CME Meeting** will be held again at the **Tropicana Las Vegas**, from July 28-30, 2017. We believe this will be our best year ever!

It is our pleasure to invite you to exhibit at our meeting on Friday, July 28, 2017. 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 **150 family physicians and health care providers**.

We have enclosed an exhibit application and additional information regarding exhibit hours and show information for our 2017 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@nvaafp.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

Thomas Hunt, MD  
NAFP Past President and CME Committee Chair

**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 Brooke Wong at the NAFP office at 775-826-5100.**

www.nvaafp.com

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# Nevada Academy of Family Physicians 28<sup>th</sup> Annual Summer CME Meeting

July 28-30, 2017

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: **\$650**

Other Sponsorship Opportunities:

<b>Platinum Contributor</b> Unrestricted Educational Grant <b>\$3,000</b>	<b>Gold Contributor</b> Unrestricted Educational Grant <b>\$2,000</b>	<b>Silver Contributor</b> Unrestricted Educational Grant <b>\$1,000</b>	<b>Bronze Contributor</b> Unrestricted Educational Grant <b>\$500</b>	<b>Breakfasts &amp; Receptions</b> Full or partial support available <b>\$2,500</b>
<b>Supporter Breaks</b> Company name or logo on break tables <b>\$750</b>	<b>Syllabus Printing</b> Company name or logo on cover of every binder <b>\$1,500</b>	<b>Support of Daily A/V</b> Company name or logo on daily PowerPoint <b>\$1,250</b>	<b>Hospitality Suite</b> Host the hospitality suite on Fri or Sat night <b>\$1,000</b>	

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

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Address (if different from above): \_\_\_\_\_

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

Tax ID: 88-6004333

nafpreno@aol.com

775-826-5100 - Phone

775-826-4475 - Fax

Brooke Wong

NAFP

705 Tahoe St, Ste A

Reno, NV 89509

Additional meeting and hotel reservation info online at [www.nvafp.com](http://www.nvafp.com)

**PLEASE RETURN THIS FORM ASAP TO SECURE YOUR SPACE**