

# inPerson Conference Leads 2017 Order Form

Exclusive specialty specific leads—without the cost and hassle of travel and exhibiting.

**Fax or email this page to reserve your spot today! ProTeam@PracticeLink.com · Fax 877-847-0120**

CONFERENCE	DATE	CITY	PRICE
<b>AAOS</b> American Academy of Orthopaedic Surgeons	Mar. 15–17, 2017	San Diego	\$995
<b>ACP-IM</b> American College of Physicians-Internal Medicine	Mar. 30–Apr. 1, 2017	San Diego	\$995
<b>AIMW</b> Academic Internal Medicine Week	Mar. 19–21	Baltimore	\$995
<b>AAN</b> American Academy of Neurology	Apr. 24–27, 2017	Boston	\$995
<b>SHM</b> Society of Hospital Medicine	May 1–4, 2017	Las Vegas	\$995
<b>ACOG</b> American College of OB/GYN	May 6–10, 2017	San Diego	\$995
<b>AUA</b> American Urological Assoc.	May 12–16, 2017	Boston	\$995
<b>AAPA</b> American Academy of Physician Assistants	May 17–18, 2017	Las Vegas	\$995
<b>ATS</b> American Thoracic Society	May 17–24, 2017	Washington, D.C.	\$995
<b>APA</b> American Psychiatric Assoc.	May 20–27, 2017	San Diego	\$995
<b>AANP</b> American Assoc. of Nurse Practitioners	June 20–25, 2017	Philadelphia	\$995
<b>AAFP NC</b> American Academy of Family Physicians Nat'l Conf.	July 27–29, 2017	Kansas City	\$995
<b>AAFP</b> American Academy of Family Physicians	Sept. 12–17, 2017	San Antonio	\$995
<b>AAP</b> American Academy of Pediatrics	Sept. 16–19, 2017	Chicago	\$995
<b>ACG</b> American College of Gastroenterology	October 13–18, 2017	Orlando	\$995
<b>ACS</b> American College of Surgeons	Oct. 22–26, 2017	San Diego	\$995
<b>ACEP</b> American College of Emergency Physicians (EMRA Career Fair)	Oct. 30–Nov. 2, 2017	Washington, D.C.	\$995

**Total:** \_\_\_\_\_

or **BUNDLE & SAVE**  
**Leads from all meetings: only \$4,995**

**Meeting already happened?** Post-meeting lead reports available for **\$1,495 each**. Please list here:

\_\_\_\_\_

Charge my credit card:  VISA  Mastercard  AmEx

Account # \_\_\_\_\_

Please invoice me.

Exp. date: \_\_\_\_\_

Security code: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Company: \_\_\_\_\_

Billing address: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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