

American Academy of Pediatrics Tabletop Display Contract 2010 Practical Pediatrics CME (PPC) Courses

Please choose location(s) you are contracting for exhibiting (clearly mark all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Breckenridge, CO (January 14-17) | <input type="checkbox"/> New York, NY (June 17-19) |
| <input type="checkbox"/> Orlando, FL (March 18-20) | <input type="checkbox"/> Washington, DC (September 3-5) |
| <input type="checkbox"/> San Diego, CA (April 23-25) | <input type="checkbox"/> Phoenix, AZ (November 5-7) |
| <input type="checkbox"/> Hilton Head Island, SC (May 27-29) | <input type="checkbox"/> Williamsburg, VA (Dec 9-11) |
| <input type="checkbox"/> Austin, TX (May 28-30) | |

Please Reserve a table for the following type of exhibit:

- Technical Exhibit @ \$950 Publisher's Exhibit @ \$850

Total number of Tables/Locations _____ Total Dollar Amount: \$ _____

Federal Tax ID: 362275597

Company Name (as it should appear on badge): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Please list the products/services that will be displayed/discussed: _____

*Please see page two of exhibit contract for requesting Exhibit Representative Badges. Every Exhibitor must have a name badge.

We agree to abide by all rules and regulations governing the exhibits.

Signature/Title of Authorized Officer

Date

ACT NOW! Space is available on a first-come, first-serve basis!
You may fax your application using your credit card to 847/228-5059.

CREDIT CARD

Please check one: Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____

Name of Cardholder (please print): _____

Signature of Cardholder: _____

OR CHECKS may be made payable to and mailed with a copy of the application to:

American Academy of Pediatrics (Exhibits), 02862 Eagle Way, Chicago, IL 60678

For questions, contact Marge Gates at (847) 434-4321 or mgates@aap.org.

American Academy of Pediatrics Tabletop Display - PPC Representative Badge Request Form 2010 Practical Pediatrics CME Courses

Please complete the exhibitor representative's name that will be on-site at the location(s) you will be exhibiting at. Also remember to include their e-mail address and location so that pertinent information can be sent to them for exhibiting at that specific course. Please forward completed form to Marge Gates at mgates@aap.org or fax to Marge at 847-228-5059.

Badge : _____ Badge : _____

Rep E-mail: _____ Rep E-mail: _____

Location: _____ Location: _____

Badge : _____ Badge : _____

Rep E-mail: _____ Rep E-mail: _____

Location: _____ Location: _____

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Location: _____ Location: _____

Badge : _____ Badge : _____

Rep E-mail: _____ Rep E-mail: _____

Location: _____ Location: _____

** For additional badges and/or locations please copy and complete this form **