

**American Academy of Pediatrics Tabletop Display Contract
2012 CME Courses**

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

- | | |
|---|---|
| <input type="checkbox"/> PPC Steamboat Springs, CO (January 19-22) | <input type="checkbox"/> PPC Hilton Head Island, SC (May 24-26) |
| <input type="checkbox"/> NeoPREP New Orleans, LA (January 21-27) | <input type="checkbox"/> PPC New York, NY (May 25-27) |
| <input type="checkbox"/> AM:PREP Orlando, FL (February 8-11) | <input type="checkbox"/> PTC Baltimore, MD (June 23-27) |
| <input type="checkbox"/> PPC Cancun, Mexico (February 17-19) | <input type="checkbox"/> PREP:EM Denver, CO (August 4-8) |
| <input type="checkbox"/> USPS Seattle, WA (March 10-13) | <input type="checkbox"/> PPC Las Vegas, NV (August 31-Sept 2) |
| <input type="checkbox"/> PTC New Orleans, LA (March 17-21) | <input type="checkbox"/> PTC San Diego, CA (September 15-19) |
| <input type="checkbox"/> PPC Orlando, FL (March 23-25) | <input type="checkbox"/> PPC Marco Island, FL (Nov 9-11) |
| <input type="checkbox"/> Perinatal Practice Scottsdale, AZ (March 30-April 1) | <input type="checkbox"/> DB:PREP Phoenix, AZ (Nov 28-Dec 2) |
| <input type="checkbox"/> PPC San Francisco, CA (April 20-22) | <input type="checkbox"/> PPC Chicago, IL (Dec 7-9) |

Please Reserve a table for the following type of exhibit:

- Technical Exhibit @ \$950 (\$750*) Publisher's Exhibit @ \$850 (\$650*)

* NEW 4-course discount offer: Choose to exhibit at 4 courses & receive a \$200 discount for each of the 4 courses. (Please note this discount is applicable only for 4 courses; all other course applications regular exhibit fees apply.)

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!

For questions, contact Marge Gates at mgates@aap.org

CREDIT CARD

Please check one: Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____

Name of Cardholder (please print): _____ Signature: _____

CHECKS may be made payable to and mailed with a copy of the application to: American Academy of Pediatrics (Exhibits), 37925 Eagle Way, Chicago, IL 60678 OR you may fax your application using your credit card to 847/434-8000

American Academy of Pediatrics Tabletop Display Representative Badge Request Form 2012 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 847-434-8000.

Badge : _____

Badge : _____

Rep E-mail: _____

Rep E-mail: _____

Course Date/Location: _____

Course Date/Location: _____

Badge : _____

Badge : _____

Rep E-mail: _____

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Rep E-mail: _____

Course Date/Location: _____

Course Date/Location: _____

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