

American Academy of Pediatrics Tabletop Display Contract
2017 CME Courses (www.aapexhibits.org)

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

- | | |
|--|---|
| <input type="checkbox"/> Clinical PHM Tempe, AZ (January 20-22) | <input type="checkbox"/> PPC New Orleans, LA (April 21-23) |
| <input type="checkbox"/> PPC Copper Mt, CO (February 2-5) | <input type="checkbox"/> PPC Hilton Head Island, SC (May 26-28) |
| <input type="checkbox"/> Practical Care of the Adolescent & Young
Adult Anaheim, CA (February 9-12) | <input type="checkbox"/> PPC San Diego, CA (June 23-25) |
| <input type="checkbox"/> PTC St Petersburg, FL (March 4-8) | <input type="checkbox"/> PREP:ID Dallas, TX (July 27-30) |
| <input type="checkbox"/> PPC Orlando, FL (March 24-26) | <input type="checkbox"/> PTC Portland, OR (August 19-23) |
| <input type="checkbox"/> Wksp on Perinatal Scottsdale, AZ (March 31-April 2) | <input type="checkbox"/> PPC Philadelphia, PA (September 1-3) |
| <input type="checkbox"/> Ped Emerg Med Leadership Conf
St Petersburg, FL (April 7-9) | <input type="checkbox"/> PPC Tucson, AZ (November 3-5) |
| | <input type="checkbox"/> PPC San Antonio, TX (December 1-3) |

Please Reserve a table for the following type of exhibit:

- Book Publisher's Exhibit @ \$850 (\$650*) All Other Exhibits @ \$950 (\$750*)

* 4-course discount offer: Exhibit at 4 courses (must be noted above) & receive a \$200 discount for each course.

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.

By signing this contract, we state that we have read the Rules & Regulations at Tabletop Exhibitions listed on the AAP Exhibits Website. We agree to abide by the Rules & Regulations governing these exhibits.

Signature/Title of Authorized Officer

Date

ACT NOW! Space is available on a first-come, first-serve basis!

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) Lockbox Number 776442, 350 East Devon Ave, Itasca, IL 60143 OR you may fax your application using your credit card to 847/228-5059.

American Academy of Pediatrics Tabletop Display Representative Badge Request Form 2017 CME Courses

Please complete the exhibitor representative's name that will be on-site at the location(s) you will be exhibiting at. **We now also require a direct phone, cell phone, email and emergency contact and phone for the representatives that will be onsite as part of our onsite emergency procedure process.** Please forward this completed form to Marge Gates at mgates@aap.org or fax to 847-228-5059.

Badge : _____ **Phone:** _____

Cell Phone: _____ **Rep E-mail:** _____

***Emergency Contact Name and Number (required):** _____

Food Allergies (for box lunch on Friday): _____

Course Date/Location: _____

Badge : _____ **Phone:** _____

Cell Phone: _____ **Rep E-mail:** _____

***Emergency Contact Name and Number (required):** _____

Food Allergies (for box lunch on Friday): _____

Course Date/Location: _____

Badge : _____ **Phone:** _____

Cell Phone: _____ **Rep E-mail:** _____

***Emergency Contact Name and Number (required):** _____

Food Allergies (for box lunch on Friday): _____

Course Date/Location: _____

Badge : _____ **Phone:** _____

Cell Phone: _____ **Rep E-mail:** _____

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