



APPLICATION FOR INDUSTRY SYMPOSIUM

Application Fees: Exhibitors \$15,000; Non-Exhibitors \$25,000

If application/payment submitted after Aug 1, 2019 additional administrative fee of \$2,500 applied

Organizations planning to hold a symposium during the AAP National Conference & Exhibition must complete this application and adhere to AAP Guidelines for Industry Symposia. Incomplete applications will not be accepted.

My signature below verifies that I have read and understand the conditions of this application as set forth in the AAP Guidelines for Industry Symposia. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I accept responsibility for informing all parties involved in the organization of this symposium of these conditions and regulations and for ensuring that they abide by them. I understand the penalties that may be assessed if these conditions are violated, and I understand the cancellation policy.

Program Title: _____

Length of Program: _____ **# of Credits Offered:** _____

Date Preference

Symposia may be held on the following dates and times. Please note: special events are varied throughout the National Conference and may occur against these dates and times (subject to change). Please check the online conference schedule (available May 1st) for further details on special events. There are a limited number of spots available:

(Rank in Order of Preference: 1= 1st Choice, 2 = 2nd Choice, etc)
 _____ Sat., Oct. 26 _____ Sun., Oct. 27 _____ Mon., Oct. 28

Event Time (between the hours of 6:30pm-10pm including check-in time/registration)

Start Time: _____ End Time: _____

Total # of Estimated Attendees: _____

Room Set:

Other room requests/specifications: _____

Are you expecting to serve Food and Beverage? Yes No

Will you require any Audio Visual equipment? Yes No

Will you be using Projection (AAP's A/V company)? Yes No

Meeting Location Preference

Please be advised that meeting space is LIMITED and events are assigned on a first-come, first-serve basis

- Hilton Riverside New Orleans (F&B minimum)
- I will be contracting space outside of AAP-Contracted Venues

Sponsor: _____
 (Organization responsible for the overall program)

Contact Name: _____

Street Address: _____

City, State, Zip: _____

<p>FOR AAP USE ONLY</p> <p>Date Rec'd: _____</p> <p>Pymt Rec'd:</p> <p><input type="checkbox"/> Exhibitor (\$15,000)</p> <p><input type="checkbox"/> Non-Exhibitor (\$25,000)</p> <p><input type="checkbox"/> Submitted after Aug 1 (\$2,500)</p> <p>Approved:</p> <p>By: _____</p> <p>Date: _____</p> <p>Not Approved:</p> <p>By: _____</p> <p>Date: _____</p>
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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

AAP
experience
National Conference & Exhibition
OCTOBER 25-29, 2019 • NEW ORLEANS
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Phone: _____ Fax: _____ E-mail: _____

Credit Provider: _____
(If organization other than Sponsor)

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Commercial Supporter: _____
(Commercial supporter may not change after this application is submitted)

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

The AAP requires symposia to be developed and delivered by an ACCME-accredited provider. Please provide the accreditation statement(s) for the symposium.

The AAP requires that this symposium will be designated for *AMA PRA Category 1 Credit*™. Please provide the credit designation statement(s) for the symposium and a copy of the certificate from your accrediting body.

Will commercial supporter be an exhibitor at the National Conference & Exhibition? Yes No

Please provide a brief description of your educational program (or attach separately).

Please list your program's educational objectives (or attach separately).

Please list the names and titles of your faculty presenters (or attach separately).

Describe how content is identified for presentation at this symposium.



Describe how faculty are identified to participate in this symposium.

Describe the role, if any, that the commercial supporter and/or representatives from any ACCME-defined commercial interests will have in the development and delivery of this symposium.

The AAP requires that the symposium sponsor, credit provider, and commercial supporter will fully adhere to the ACCME Accreditation Criteria, Standards for Commercial Support, and ACCME policies (www.accme.org) in the development and delivery of this symposium.

METHOD OF PAYMENT

Amount \$15,000 – Exhibitor \$25,000 – Non-Exhibitor \$2,500 – Late application fee

Check enclosed payable to the American Academy of Pediatrics (US Only)

Credit Card (select one)

VISA MasterCard Discover American Express

Card Number _____ Exp. Date (MM/YY) _____

Name as it appears on card *(please print)* _____

Signature: _____ **Date:** _____

Authorized Sponsor Representative – Name and Title

Please submit completed application and payment by Aug 1, 2019 to:
Nikki Gould, Program Manager, National Conference & Exhibition
American Academy of Pediatrics: ngould@aap.org

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Symposia applications are reviewed for acceptance on a first-come, first-served basis once payment is received.