

APPLICATION FOR INDUSTRY SYMPOSIUM

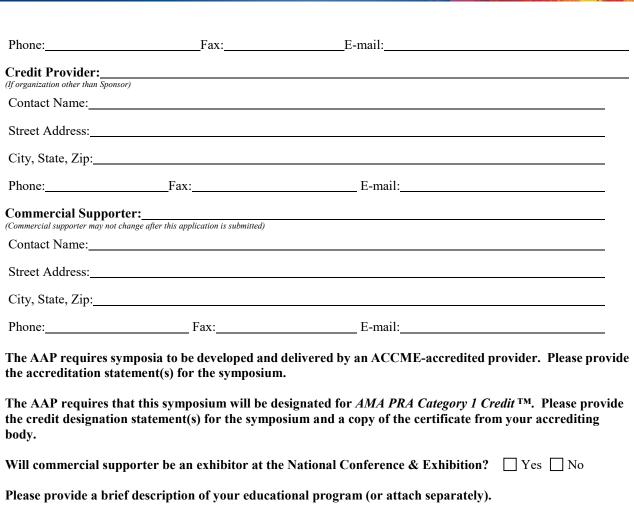
Application Fees: Exhibitors \$15,000; Non-Exhibitors \$25,000 If application/payment submitted after Aug 1, 2019 additional administrative fee of \$2,500 applied

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:
Conference and may occur against these da	s and times. Please note: special events are varied throughout the National ates and times (subject to change). Please check the online conference ails on special events. There are a limited number of spots available:
(Rank in Order of Preference: 1= 1st Choice, Sat., Oct. 26 Sun., Oct. Event Time (between the hours of 6:30nm)	
Start Time: End Time:	Pymt Rec'd:
Total # of Estimated Attendees:	☐ Exhibitor (\$15,000) ☐ Non-Exhibitor (\$25,000)
Room Set:	Submitted after Aug 1 (\$2,500)
Other room requests/specifications:	Approved: By: Date:
Are you expecting to serve Food and Beve	erage? Yes No Not Approved:
Will you require any Audio Visual equipm	ment? Yes No
Will you be using Projection (AAP's A/V	
Meeting Location Preference Please be advised that meeting space is LIMITED	O and events are assigned on a first-come, first-serve basis
☐ Hilton Riverside New Orleans (F&B minimu ☐ I will be contracting space outside of AA	
Sponsor:	m)
Contact Name:	
Street Address:	
City, State, Zip:	





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

Describe how content is identified for presentation at this symposium.

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

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	\square \$15,000 – Exhibitor \square \$25,000 – Non-Exhibitor \square \$2	,500 – Late application fee
Check enclos	sed payable to the American Academy of Pediatrics (US Only)	
☐ Credit Card (☐ VISA	(select one) MasterCard Discover American Express	
Card Number	Exp. Date (MM/YY)	
Name as it appea	ars on card (please print)	_
Signature:		Date:
Authoriz	zed 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.