



**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= 1<sup>st</sup> Choice, 2 = 2<sup>nd</sup> 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
- 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><b>FOR AAP USE ONLY</b></p> <p><b>Date Rec'd:</b> _____</p> <p><b>Pymt Rec'd:</b></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><b>Approved:</b></p> <p>By: _____</p> <p>Date: _____</p> <p><b>Not Approved:</b></p> <p>By: _____</p> <p>Date: _____</p>
--



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](http://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](mailto:ngould@aap.org)

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

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