

California Chapter 2

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN[®]

Incorporated in California



ADVANCES IN PEDIATRICS · 35th Annual Pediatric Symposium

April 27, 2024

Invitation to Exhibit

We would like to cordially invite you to exhibit at our **35th Annual Advances in Pediatrics Symposium**, on **April 27, 2024**, at **UCLA**.

We are continuing our one-day event, with over 100 pediatricians, pediatric subspecialists, and nurses expected to attend!

WHAT: *35th Annual Advances in Pediatrics Symposium*

WHEN: *Saturday, April 27, 2024 | 8:00 AM to 4:10 PM (Set-up begins at 6:30 AM)*

WHERE: *UCLA*

The **\$800** Exhibitor fee includes 6 Ft. table space, with access to electricity upon request. It also includes two meal vouchers for representatives. You will have a reduced parking fee of \$13 per vehicle. The AAP-CA2 maintains a diverse pediatric community, and the Annual Symposium will offer many opportunities to engage with local pediatricians, pediatric subspecialists, and nurses to promote your product.

We look forward to your support this year. Please feel free to contact me directly, anytime.

Sincerely,

William Barboza

Administrative Assistant

AAP-CA2

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Phone: (626) 379-1623

AAP-CA2 ADVANCES IN PEDIATRICS - EXHIBIT REGISTRATION FORM

APRIL 27, 2024, at University of California Los Angeles (UCLA)

THIS FORM MUST BE RETURNED TO REGISTER / RESERVE YOUR SPOT

1 COMPANY

Sponsoring/Exhibiting Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

2 MEETING CONTACTS (PLEASE PROVIDE INFORMATION FOR MEETING CONTACTS TO RECEIVE ALL MEETING RELATED CORRESPONDENCE)

MAIN MEETING CONTACT →

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

↓ ADDITIONAL MEETING CONTACT:

↓ ADDITIONAL MEETING CONTACT:

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Copy me on meeting correspondence emails

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____

Copy me on meeting correspondence emails

3 MY COMPANY WOULD LIKE TO EXHIBIT:

\$800 Exhibit Rate (Early Bird – By March 27th)

COMMENTS: _____

\$1,000 Exhibit Rate (Late Registration – On/After March 28th)

COMMENTS: _____

4 PAYMENT

Check Visa MasterCard American Express

*Credit Card Charges may not exceed \$2,000

Credit Card Number: _____

CVV: _____ (3 – 4-digit code) Expiration Date: _____

Name on Card: _____

Total: \$ _____

Please make checks payable to: AAP - CA2

Mail to: P. O. Box 94127 Pasadena, CA 91109

If paying with credit card, please email to: ttorices@aapca2.org

5 DISPLAY SPECIFICS

Your company product being displayed:

AGREEMENT & AUTHORIZATION: I am an authorized representative for this company with full power and authority to sign this application for exhibit/sponsorship.

6 Authorized Signature: _____ Date: _____