

PEDIATRICS SYMPOSIUM EXHIBITOR CONTRACT

Please complete the contact information for the Company:

Company Name: _____ Company Contact: _____

Phone: _____ Fax: _____

Address: _____ Zip/Postal Code Country: _____

City: _____ State/Province: _____

E-mail Address: _____ Website: _____

Brief Description of Services: _____

Name to Appear on Badge (included with space/non C.E.): _____

Venue Information	Special Sponsor Levels	
<ul style="list-style-type: none"> Vendor area will be in Pre-Function Space in Conference Center Space will include a 6 ft banquet table, 2 chairs, and table cover Set-up should be completed by 7:30AM on April 20 Tear-down should not start until 3:00PM on April 21 	All Levels Include General Sponsor Items Plus:	
	Premiere \$600	<ul style="list-style-type: none"> Company name, logo, and website included on Symposium emails Listed as Premiere Sponsor.
	Lanyard \$750 (Max 1)	<ul style="list-style-type: none"> Company name and logo on symposium lanyards Sponsor provides lanyards
	Flash Drive \$1,000 (Max 1)	<ul style="list-style-type: none"> Company name and logo on flash drive Can include company documents on flash drive Sponsor provides flash drive
	Snack Break \$1,250 (Max 2)	<ul style="list-style-type: none"> Company name displayed as Snack Break Sponsor
General Vendor Sponsor \$500 <ul style="list-style-type: none"> General Vendor Sponsorship includes a 6 ft banquet table, 2 chairs, a table cover and will have their name listed as a sponsor. Vendors who wish to earn CE credits will be required to pay an additional registration fee. Vendors should plan to be available during meal: welcome to attend all events. 	Lunch \$2,500 (Max 2)	<ul style="list-style-type: none"> Company name displayed as Lunch Sponsor 10 minute presentation to attendees during lunch Place flyers at lunch tables
Payment Information Sponsor Level: _____ (Additional attendees or vendors needing CE credits are asked to fill out a separate registration form) Total \$ _____ <input type="checkbox"/> Check Payable to the ACA Pediatrics Council <input type="checkbox"/> Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS Card #: _____ Expire Date: _____ CVV: _____ Name on Card: _____ Signature of Cardholder: _____ <small>ACA reserves the right to charge the total amount due based on the attendee's registration category eligibility and total purchases.</small>	Symposium Vendor Policies* Questions: Contact ACA Meetings at pedsCouncil@acatoday.org or 703-276-8800. Cancellations: Written requests must be received by March 31, 2018 to receive a refund of 75%. Cancellations received after March 31, 2018, are nonrefundable. Cancellations will be processed after the conference. Special Assistance: Contact ACA Meetings by March 31, 2018 if you require special assistance.	

