

Application to Hold an Industry Symposium or Foundation Symposium

American Academy of Pediatrics
National Conference & Exhibition (NCE)
October 11-14, 2008 • Boston, MA

The administrative fee for holding an Industry or Foundation Symposium during the AAP National Conference & Exhibition (NCE) is dependent on whether the commercial supporter will also be an exhibitor at the conference:

Exhibitors: \$10,000

Non-Exhibitors: \$15,000

Organizations planning to hold a symposium during the AAP NCE must complete this application and agree to 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 and Foundation 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.

Signature: _____ **Date:** _____
Authorized Sponsor Representative – Name and Title

Please type

Program Title: _____

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

Is there a social activity associated with this program? Yes No If yes, please indicate the type and length of social activity _____

Date/Time Preference (Rank 1-6; 1 = 1st Choice, 2 = 2nd Choice, etc.)

_____ Fri., Oct. 10 6:30 – 11:00 pm	_____ Sat., Oct. 11 7:00 pm – 12:00 am	_____ Sun., Oct. 12 7:30 – 11:00 pm
_____ Mon., Oct. 13 7:00 – 11:00 pm	_____ Tues., Oct. 14 6:30 – 11:00 pm	

Sponsor: _____
(Organization responsible for the overall program)

Contact Name: _____

Street Address: _____

City, State, Zip: _____

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: _____

FOR AAP USE ONLY

Date Rec'd: _____

Pmt Rec'd:

Exhibitor (\$10,000)

Non-Exhibitor (\$15,000)

Approved:

By: _____

Date: _____

Not Approved:

By: _____

Date: _____

Application to Hold an Industry Symposium or Foundation Symposium (continued)

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

Please provide a description of your educational program.

Please list your program's educational objectives.

Please list the names and titles of your faculty presenters.

ON A SEPARATE PAGE, PLEASE PROVIDE A TENTATIVE PROGRAM AGENDA.

Please submit completed application and administrative fee no later than **June 1** to:

Rachael Hagan
c/o American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
Phone: (847) 434-7940
Fax: (847) 434-4623
E-mail: rhagan@aap.org

*Symposia applications will be reviewed for acceptance on a first-come, first-served basis.
Checks should be made payable to the American Academy of Pediatrics.*