



**ACADEMIC  
PEDIATRIC  
ASSOCIATION**



and

**American Academy of Pediatrics**

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Present:

## **Pediatric Hospital Medicine 2009**

**July 23-26, 2009**

**Tampa, FL**

### **Guidelines for Satellite Symposia**

Pediatric Hospital Medicine 2009 (PHM) is the largest meeting of pediatric hospitalists of the year. This meeting marks the 4<sup>th</sup> annual meeting sponsored by the partner societies, Academic Pediatric Association, the Society of Hospital Medicine and the American Academy of Pediatrics, Section on Hospital Medicine. Each year attendance and excitement about this meeting have grown.

An attendance of 400 primarily is anticipated and consists of pediatricians who focus on the medical care of hospitalized pediatric patients including department chairs, program directors, directors of general pediatric divisions, general pediatric residents, nurse practitioners and physician assistants.

The PHM program committee welcomes proposals to present scientific symposia during designated hours at the meeting. These symposia are educational seminars sponsored by PHM exhibitors. The events are not part of the educational programming of the meeting as planned by the program committee nor are they explicitly endorsed by the meeting sponsors. The Satellite Symposia are scheduled at times that do not compete with the PHM programs or exhibit hall hours.

#### **Meeting Location:**

Tampa Marriott Waterside Hotel and Marina  
700 South Florida Avenue  
Tampa, FL 33602  
813-221-4900

**Administrative Fee:**

PHM Exhibitor: \$3000

Non-Exhibitor: \$5000

**Applications**

Applications to host Satellite Symposia should be submitted as soon as possible but not later than May 1, 2009. The following information must be included in the application:

Rationale for holding the symposia

Learning objectives

Proposed agenda

Completed application form

**Selection**

The topic should be timely and of interest to the majority of meeting attendees.

**Available Session Times**Friday, July 24<sup>th</sup>, 2009      6-9pmSaturday, July 25<sup>th</sup>, 2009      6-9pm**Each Organization Presenting a Satellite Symposium Will Receive:**

- Upon approval of a promotional piece to be mailed, the APA office will provide one set of mailing labels for those attendees pre-registered for the meeting. Additional sets of labels will be available for purchase for \$100.
- Upon approval of a promotional piece to be emailed, the APA will send one email message to pre-registrants.
- Hotel room door drops are available at an additional cost of \$1000. Materials to be included in drop require preapproval of the PHM program committee and are to be provided at the expense of the Satellite Symposia sponsor.
- Eligibility hotel sleeping rooms at the group rate for event speakers
- A self-service sign-up sheet may be placed at the PHM registration table onsite.
- Information may be distributed and signage displayed at the sponsor's booth in the exhibit hall.

**Event Arrangements**

Arrangements including location, food and beverage, registration and transportation for meeting attendees for the satellite symposia are the responsibility of the sponsoring organization. All expenses associated with these arrangements are the responsibility of the organizer. A list of restaurants in close proximity to the meeting location will be provided upon request.

**Conditions of Agreement:**

1. All promotional materials must be reviewed and approved by the program committee.
2. To avoid the implication that the satellite symposia are sponsored or planned by the PHM partner societies, promotional materials may not mention the meeting specifically or the names of any of the three sponsoring partners.
3. Current PHM partner society Board and program committee members may not be included as speakers at the session.

# Pediatric Hospital Medicine 2009 Participation Contract Satellite Symposia

In addition to completing the form below please provide on a separate sheet the rationale for holding the symposia, the learning objectives, proposed agenda and format for the session.

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip/Country:** \_\_\_\_\_

**Phone/FAX/Email:** \_\_\_\_\_

**Web Address:** \_\_\_\_\_

**Contact Person/Title:** \_\_\_\_\_

**Payment and Contractual Considerations:**

Payment may be made by MasterCard, Visa or check payable to Academic Pediatric Association. APA's tax ID number is 51-0202446.

Total Amount Due: \$ \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

I have read, understand and agree to adhere to the Pediatric Hospital Medicine 2009 Guidelines for Satellite Symposia

**Name and Title of Company Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please return this contract with payment to:**

Academic Pediatric Association  
6728 Old McLean Village Drive  
McLean, Virginia 22101-3906 USA  
703-556-9222 fax-703-556-8729  
connie@academicpeds.org

**Thank you for your support and we look forward to seeing you!**