

Pediatric Hospital Medicine

July 23 - 26, 2009

Tampa Marriott Waterside
Tampa, Florida

**EXHIBITOR
PROSPECTUS**



Academic Pediatric Association



American Academy of Pediatrics



Society of Hospital Medicine



ACADEMIC
PEDIATRIC
ASSOCIATION

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



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Society of Hospital Medicine

www.academicpeds.org

Pediatric Hospital Medicine 2009

About the Meeting:

Pediatric Hospital Medicine 2009 is the largest meeting of pediatric hospitalists of the year. This meeting marks the 4th annual meeting sponsored by the 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.

Previous Exhibitors Include

*American College of Physicians
Anesiva, Inc.
Baxter Healthcare
Children's Mercy Hospitals and Clinics
Hospital Corporation of America
Lippincott, Williams & Wilkins
Mead Johnson Nutritionals
Medical Diagnostic Laboratories, LLC
Medical Doctors Associates
Merck & Co, Inc.
Monaghan Medical Corporation
Questcare Pediatrics*

Cost of Exhibit Space

\$2000 US per 6' table

This fee includes a 6' draped table, two chairs and a trash can. If you have additional requirements, please contact Connie Mackay, connie@academicpeds.org or 703-556-9222.

Additional sponsorship opportunities exist. Please contact Connie Mackay, connie@academicpeds.org or 703-556-9222 for further information.

Each Exhibitor will Receive

- *A listing in the conference program with a brief description of your company*
- *Eligibility for discounts on hotel sleeping rooms*
- *Conference program*

Attendance

We anticipate an attendance of 400 primarily consisting 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.

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Meeting Location

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

A discounted room rate of \$149 per night is available by calling the number above and identifying yourself as part of Pediatric Hospital Medicine 2009.

Space Assignment

Space is assigned on a first-come, first-served basis.

Exhibit Schedule

Exhibits must be set up between 4:00 and 5:00 pm on Thursday, July 23, 2009. The exhibit hall will be the location for breakfasts, breaks, receptions and poster presentations.

The preliminary exhibit schedule is as follows:

Thursday, July 23, 2009 7:30 – 9:30pm during Welcome Reception

Friday, July 24, 2009 7:00 – 8:00am
9:30 – 10:00am
1:45 – 2:15pm
3:30 – 4:30pm

Saturday, July 25, 2009 7:00 – 8:00am
9:30 – 10:00am
1:30 – 2:00pm
3:30 – 4:30pm

Fire Regulations

Fire codes require materials such as table covering, drapes, etc., to be flameproof. Use of heaters, open flames, candles, lanterns, etc., as part of an exhibit is forbidden.

Security: Each exhibitor is responsible for preservation of his or her own property.

Liability/Insurance: Exhibitors shall be fully responsible to pay for any and all damages to property owned by hotel, its owners or managers which results from any act or omission of an exhibitor. Exhibitor agrees to defend, indemnify, and hold harmless, APA and the hotel, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from exhibitor's use of the property. The exhibitor acknowledges

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that APA and the hotel do not maintain insurance covering exhibitors' property, and that it is the sole responsibility of the exhibitor to obtain liability insurance covering such losses. Each exhibitor, by signing an application to exhibit, understands and agrees that they assume responsibility for the conditions described above.

Additional Conditions

- 1. APA, at its sole discretion, may withhold or withdraw permission to distribute souvenirs, advertising or other material it considers objectionable or not in keeping with the character or purpose of APA.*
- 2. All exhibitor activity must take place in the assigned area only.*
- 3. Neither the rental of exhibit space nor the provision of grant funds shall influence the control of content or selection of presenters and moderators. APA is ultimately responsible for content and selection of presenters and moderators.*
- 4. Disclosure of Financial Relationships: APA will ensure disclosure to the audience of (a) company funding and (b) any significant relationship between APA and the company (e.g., grant recipient) or between individual speakers or moderators and the company.*

Registration Procedure

To register for Pediatric Hospital Medicine 2009, please fill in the conference registration form completely and return with your exhibitor fee to the APA Executive Office.

Conditions of Agreement

- 1. All exhibits and advertisements are subject to review and approval by the Academic Pediatric Association.*
- 2. This agreement shall not be binding upon the lessor (APA) until accepted and executed by APA. A counter-signed copy of the contract will be returned to you as confirmation of your participation.*
- 3. The violation of any part of this agreement, or any part of the regulations adopted by the Lessor, shall at the election of APA cause this agreement to become null and void. In such event, all sums previously paid for or contracted to be paid under this agreement shall be assigned, or otherwise disposed of, without the written approval of APA.*
- 4. Refunds of any payment for exhibit space will be made at the sole discretion of APA with a \$75 processing fee deducted from the total paid. No refunds due to cancellations will be made after June 23, 2009.*

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Pediatric Hospital Medicine 2009 Participation Contract Exhibit Space Application

(Please Print or Type)

Company Name: _____

Address: _____

City/State/Zip/Country: _____

Phone/FAX/Email: _____

Web Address: _____

Contact Person/Title: _____

A. Company Description for Program (30 words or less)

B. Name of Exhibit Personnel for Badges: (Limited to 2 per table)

1. _____

2. _____

Additional Badges will be \$75.00 per person:

C. Exhibit Space Requesting: _____ *6' tables @ \$2000 each*

D. Conference Meal/Break Function Support: *Prominent signage announces sponsorship. For options and prices please contact Connie Mackay, 703-556-9222, connie@acadmeicpeds.org.*

E. Please list any giveaways:

F. Payment and Contractual Considerations:

Full payment must accompany this application in order for space to be reserved. 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 and agree to all of the terms set forth in this agreement.
Signature of Company Representative:

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**

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