EXHIBITOR AGREEMENT
2020 Pediatric Conference Presented by Pennsylvania Chapter, American Academy of Pediatrics
March 28 and 29, 2020
Gettysburg Hotel
1 Lincoln Square, Gettysburg, PA 17325

Company Name: _______________________________________________________________
Headquarters Address: ___________________________________________________________________
Headquarters Phone: ___________________________________________________________________
Contact Name: ___________________________ Contact Email: __________________________

Representative(s) Attending Exhibit:

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Exhibit Fees:

- _____ Bronze ($1000)
- _____ Platinum($4000)
- _____ Gold ($3000)
- _____ Silver ($2000)
- _____ Non-profit reduced ($150)

$_________

I need the following:

QTY

- _____ Electronic connection(s) @ $100.00ea

$_________

QTY

- _____ Additional Representative(s)- 2 staff badges included @ $50.00

$_________

TOTAL

$_________

*Grant and in-kind support are independent and separate from exhibitor support.*

If you represent an organization responsible for reporting under the Physician Payments Sunshine Act and will be distributing any items of value to covered recipients, you are responsible for gathering all required reporting information from individuals who accept the items. Penn State College of Medicine will not collect required information and will not provide information to exhibitors.*
Deadlines & Cancellation Policies

- A signed Exhibitor Agreement is due by **February 29, 2020**. It may be faxed or mailed to the address above or emailed to Samantha Pierpoint. Exhibitors are considered confirmed when the executed Agreement is received by Pennsylvania Chapter, American Academy of Pediatrics.
- Should an exhibitor need to cancel their exhibit agreement for this event, please contact Pennsylvania Chapter, American Academy of Pediatrics by the close of business on **March 6, 2020** via email to Samantha Pierpoint. Cancellations by this date are subject to a $50.00 administrative fee. No refund after this date. No-shows and early departures will receive no refund.
- Payment is due in full by **March 26, 2019**.
- Exhibitors at Pennsylvania Chapter, American Academy of Pediatrics educational events are expected to abide by the ACCME’s Standards for Commercial Support. Product advertisements or promotional materials are prohibited in the CME meeting, and representatives of commercial interests are not allowed to engage in sales activities in the meeting room.

Payment, as applicable, in the amount of $________________ □ Enclosed □ Will Follow

**Please make checks payable to:**
Pennsylvania Chapter, American Academy of Pediatrics
*Tax ID# 23-7135840*

**Please reference in memo:** 2019 Fall Leadership Meeting

**Please send check and this form to:**
*Attn: Samantha Pierpoint*
Pennsylvania Chapter of the American Academy of Pediatrics
Rose Tree Corporate Center II, Ste. 4000
1400 N. Providence Rd., Media, PA 19063

**For Payment by Credit Card:**

___Visa  ___MasterCard  ___AmEx    Card #_________________________ Exp Date: ___________

Credit Card CVV#_________________

Name as it appears on card: ___________________________________________________________

**I agree to the above request and I have read, understand, and agree to the above deadlines, cancellation policies, and requirements under the Physician Payments Sunshine Act.**

Print Name: ________________________________ Title: ________________________________

Signature: ________________________________ Date: ________________________________

*If you have questions, contact:* Samantha Pierpoint

**phone:** 484-446-3038   **email:** spierpoint@paaap.org

Pennsylvania Chapter, American Academy of Pediatrics

Shipping address: Pennsylvania Chapter of the American Academy of Pediatrics
Rose Tree Corporate Center II, Ste. 4000
1400 N. Providence Rd., Media, PA 19063

Tel: 484-446-3000 • Fax: 484-446-3255