

Colorado Chapter American Academy of Pediatrics 2012

American Mountaineering Center **April 14, 2012**

Exhibitor Meeting Information:

Program Chairs: Maya Bunik, MD; Karen Leamer, MD; Sophia Meharena, DO
Chapter Tax ID: 84-0890875
Exhibit Fee: \$600 Exhibit Space
\$100 Non-profit Organization Exhibit Space
Fee includes exhibit space or table, two lunch tickets, and two name badges.
Additional lunch tickets \$25
Exhibit Space: 6' draped table (or 6' space)
Deadline: March 16, 2012 (Registration may be accepted after the deadline,
but exhibitor might not receive recognition in the meeting book.)
Location: The American Mountaineering Museum
710 10th Street
Golden, CO 80401
Shipping: American Mountaineering Center
Attn: Bill Calmette
710 10th Street, Suite 106
Golden, CO 80401

Set-up: April 14, 2012
6:00AM
Conference Center Rooms A, B, C, D
Exhibitor tables are assigned based on order of registration and needs of exhibitors.
Exhibitor tables will be marked with company name and will be located in the conference center rooms. Chapter meeting staff will be on-site during set-up to assist as needed.

Meeting Info: 303-770-6048
FAX: 303-771-2550
E-mail: Nicole@goddardassociates.com

Please remit payment with application. (Registration may be faxed to the Chapter office in advance of payment; however space is not confirmed without payment. Payment has to be received before April 14, 2012.)

Colorado Chapter American Academy of Pediatrics
P.O. Box 4834, Englewood, CO 80155

Exhibitor Registration: Pediatrics 2012 • Saturday, April 14, 2012 • American Mountaineering Center

Company _____

Contact _____

Address _____

City/State/ZIP _____

Phone _____

Representative(s) attending _____

E-mail _____

Electricity (Access to one standard outlet.)

Free-standing Exhibit

If selected, no table will be provided. Exhibit must fit in the six-foot space provided. Please contact the Chapter office to discuss options if your exhibit is larger than the given space.

of exhibitors eating breakfast _____

of exhibitors eating lunch _____

(numbers needed for catering purposes)

Special Requests _____

Check Visa MC Discover

Credit Card # _____

Exp. Date _____

Billing Address: _____

Name on Card: _____

Make checks payable to:
Colorado Chapter American Academy of Pediatrics

By returning this form, you are committing to support of this meeting. Company will be responsible for exhibit fee, even if the representative fails to attend. Cancellations in advance of the meeting may be granted at the discretion of the Colorado Chapter AAP.