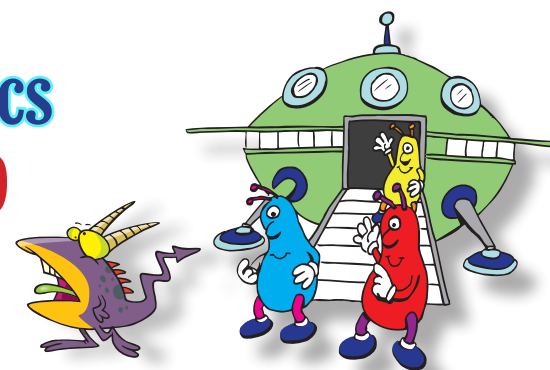


Colorado Chapter American Academy of Pediatrics

Pediatrics 2009

The Children's Hospital, Aurora, CO
Conference and Education Center (2nd Floor)

April 17, 2009



Exhibitor Meeting Information:

Program Chairs: James Shira, MD & Margaret Ferguson, MD
 Chapter Tax ID: 84-0890875
 Exhibit Fee: \$600
 Fee includes exhibit space or table, two lunch tickets, and two name badges.
 Exhibit Space: 6' draped table (or 6' space)
 Deadline: March 21, 2009
 (Registration may be accepted after the deadline, but exhibitor might not receive recognition in the meeting book.)
 Location: Mt. Oxford Auditorium, Conference and Education Center - 2nd Floor, The Children's Hospital, Aurora, CO
 Shipping: The Children's Hospital
 Attn: Shane Littlepage
 2nd Floor Conference & Education Center
 13123 East 16th Avenue, Box 175
 Aurora, CO 80045
 (Please coordinate arrival date and number of boxes with John Kendall at 720-777-6338)

Set-up: April 17, 6:00 a.m.
 Exhibitor tables are assigned based on order of registration and needs of exhibitors.
 Exhibitor tables will be marked with company name and are located either in the exhibit hall or education center lobby.
 Chapter meeting staff will be on-site during set-up to assist as needed. (The first talk is at 8:00 a.m.; the complete schedule will be sent with the exhibitor confirmation.)

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.)

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

Exhibitor Registration: Pediatrics 2009 • Friday, April 17, 2009 • The Children's Hospital, Aurora, CO

Company _____

E-mail _____

Check Visa MC Discover

Contact _____

Credit Card # _____

Address _____

Electricity (Access to one standard outlet.)



Exp. Date _____

City/State/ZIP _____

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.



Billing Address: _____

Phone _____

Extra Lunch Tickets # _____
 \$25/ticket

Name on Card: _____

Representative(s) attending _____

Special Requests _____

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.



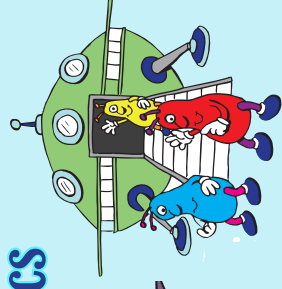
American Academy
of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Colorado Chapter
P.O. Box 4834
Englewood, CO 80155

Colorado Chapter American Academy of Pediatrics

Annual Meeting • April 17, 2009



Exhibitor Registration