



***54th Annual Pediatric Postgraduate Course
"Perspectives in Pediatrics"***

February 28 - March 3, 2019

The Diplomat Beach Resort, 3555 South Ocean Drive, Hollywood, FL 33019





Nicklaus
Children's
Hospital

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EARLY BIRD - 2019 EXHIBITOR RESERVATION FORM

SPECIAL EARLY BIRD BOOTH PRICING FOR PAST EXHIBITORS ONLY

Company Name: _____

Contact Name: _____

Address: _____

City State Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Website Address: _____

Space will be reserved at the early bird special discounted price only after receipt of signed application form and full payment.

Signature: _____ Date: _____

**SPECIAL EARLY BIRD BOOTH PRICING FOR PAST EXHIBITORS ONLY
LIMITED AVAILABILITY!**

10x10 Standard Booth \$2,450

Total # of booths requested: _____

(\$2950 after 1/1/19)

(add \$150 for corner booth)

10x10 Non-Profit Booth \$1,000

Total # of booths requested: _____

(\$1500 after 1/1/19)

Pediatric Friends Market ~~\$150~~ \$100

Total # of booths requested: _____

(\$150 after 1/1/19)

(non-medical, retail only, fee + plus 15% of gross sales at event)

Community Service Agency, No Charge

Total # of booths requested: _____

Non-Profit tabletop



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A LA CARTE MARKETING OPPORTUNITIES

SPECIAL EARLY BIRD BOOTH PRICING FOR PAST EXHIBITORS ONLY

- ___ Focused Pediatric Hospitality Series ~~\$7000~~ \$4,000 each
- ___ Internet Café ~~\$2000~~ \$1,500 with recognition signs
- ___ Continental Breakfast ~~\$5000~~ \$4,000 per day with recognition signs
- ___ Refreshment Break ~~\$3000~~ \$2,500 per break with recognition signs
- ___ Lanyards ~~\$1500~~ \$1,000 with your company logo (for all attendees)
- ___ Lunch presentation ~~\$5500~~ \$3,500, max 100 attendees

EXHIBITOR BADGES FORM

Exhibitor personnel (demonstrators, staff) will be issued a limited number of free badges with the booth purchase. All representatives of exhibiting companies must register and display an official exhibitor's badge for admission to the exhibit area and 4-day general session. Exhibiting companies are allocated representative badges based on 5 per 10 X 10 booth. Additional representatives may attend at a fee of ~~\$295~~ \$200 for each additional person. Note that the deadline for receipt of the exhibitor names is January 10, 2019.

List Representative(s) Names:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____



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2019 INNOVATION OF THE YEAR AWARD ENTRY FORM

All registered exhibitors are invited to submit entries for The Innovation of the Year Award. This award showcases the best innovation among the many industry entries as chosen by the conference management. The winner will be recognized as Innovation of the Year selection during the reception for all attendees in the exhibit hall. Entry deadline is January 10, 2019.

Name of Company: _____

Company Contact: _____

Telephone: _____ E-Mail: _____

Name of Entry (Product or Service): _____

Date Developed/Made Available: _____

Description & Clinical Significance: _____



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PAYMENT FORM

(Please fill in total from the Reservation Form and include cost for additional representatives, if any.)

\$_____ Total (US Dollars)

Make Checks Payable to: "Nicklaus Children's Hospital Pediatric Postgraduate Course"

Or,

I authorize Nicklaus Children's Hospital to charge \$_____ to the following credit card:

Credit Card Account #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Cardholder Signature: _____

(Signature is required, unsigned applications will not be accepted)

RETURN RESERVATION FORM TO

Nicklaus Children's Hospital - Annual Pediatric Postgraduate Course

Attn: Elizabeth Menocal

3100 SW 62 Avenue - Miami, Florida 33155

Telephone: 305-662-8357

Fax: 305-669-6406

Email: elizabeth.menocal@nicklaushealth.org