



***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

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

**February 28 - March 3, 2019**

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

**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



**54th Annual Pediatric Postgraduate Course  
"Perspectives in Pediatrics"  
February 28 - March 3, 2019**

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

**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) \_\_\_\_\_



Nicklaus  
Children's  
Hospital

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

**February 28 - March 3, 2019**

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

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**54th Annual Pediatric Postgraduate Course  
"Perspectives in Pediatrics"  
February 28 - March 3, 2019**

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

**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](mailto:elizabeth.menocal@nicklaushealth.org)