

# 2024 Exhibitor Application

59th Annual Pediatric Postgraduate Course  
March 22 - 24, 2024 - Loews Hotel, Coral Gables, FL



**Nicklaus  
Children's  
Hospital**

## Exhibitor Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website Address: \_\_\_\_\_

Space will be reserved only after receipt of signed application form and the total amount due. Applications and payments are due no later than March 15, 2024. All booths are reserved on a first come, first served basis. I have read all rules and instructions and my company and company representative will comply.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Unsigned applications will not be accepted.)

## Booth Pricing

<input type="checkbox"/> 10x10 Premium Booth	\$4,500	Total # of booths requested: _____
<input type="checkbox"/> 10x10 Standard Booth	\$3,000	Total # of booths requested: _____
<input type="checkbox"/> 10x10 Publisher Booth	\$2,000, limited availability	Total # of booths requested: _____
<input type="checkbox"/> 10x10 Non-Profit Booth	\$1,500, limited availability	Total # of booths requested: _____
<input type="checkbox"/> Community Service Agency	No Charge	Total # of booths requested: _____

## A-La-Carte Marketing Opportunities

<input type="checkbox"/> Internet Café	\$1,500 per day	with your company logo on signage
<input type="checkbox"/> Continental Breakfast	\$4,000 per day	with your company logo on signage
<input type="checkbox"/> Refreshment Break	\$2,500 per break	with your company logo on signage
<input type="checkbox"/> Charging Station	\$750	with your company logo on signage
<input type="checkbox"/> Lanyards	\$1,500	with your company logo (for all attendees)
<input type="checkbox"/> USB/Flash Drive	\$8,500	with your company logo (for all attendees)
<input type="checkbox"/> Conference Bags	\$12,000	with your company logo (for all attendees)



### Exhibitor Badges

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 3-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 for each additional person.

**Note that the deadline for receipt of the exhibitor names is March 15, 2024.**

List Representative(s) Names:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Additional Representatives (\$295 each):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_

### Payment Method

*Please fill in the total from the previous page and include cost for additional representatives listed on this page, if any.*

\$ \_\_\_\_\_ Total (US Dollars)

### Payment by Check

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

### Payment by Credit Card

Please contact us at [cme@nicklaushealth.org](mailto:cme@nicklaushealth.org) or at **786-624-2620** to process your payment using a secure payment form. Nicklaus Children's Hospital does not store your credit card information. All transactions are handled by a third-party merchant services provider.

### Once completed, please return this Application Form to:

*Nicklaus Children's Hospital  
Pediatric Postgraduate Course  
Attn.: Department of Medical Education  
3100 SW 62 Avenue  
Miami, Florida 33155*

*Telephone: 1-800-445-9340 or 786-624-2620  
Fax: 305-669-6406  
Email: [cme@nicklaushealth.org](mailto:cme@nicklaushealth.org)*