

2025 Exhibitor Application

60th Annual Pediatric Postgraduate Course
March 28 - 30, 2025 - Hilton Fort Lauderdale Marina, Fort Lauderdale, 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, 2025. 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 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"/> Charging Station | \$1,000 | with your company logo on signage |
| <input type="checkbox"/> Lanyards | \$1,500 | with your company logo (for all attendees) |
| <input type="checkbox"/> Conference Bags | \$3,000 | with your company logo (for all attendees) |
| <input type="checkbox"/> Refreshment Break - Ice-cream Social | \$4,000 per break | with your company logo on signage |
| <input type="checkbox"/> Refreshment Break - Cafecito Break | \$4,000 per break | with your company logo on signage |
| <input type="checkbox"/> Continental Breakfast | \$4,500 per day | with your company logo on signage |
| <input type="checkbox"/> Opening Reception – Dessert Bar | \$5,000 | with your company logo on signage |
| <input type="checkbox"/> Opening Reception – Beverage Station | \$10,000 | with your company logo on signage |
| <input type="checkbox"/> Opening Reception – Full Sponsorship | \$50,000 | with your company logo on signage |



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 21, 2025.

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 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