Exhibitor Agreement and Application Form

18th Pediatric Pharmacy Conference—PPAG Annual Meeting
September 24-27, 2009
Renaissance Cleveland Hotel— Cleveland, Ohio

Exhibition will be on: Friday, September 25, 2009 7:45-9:30 pm

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____

Email Address: _____ Fax: _____

We plan to exhibit the following: _____

Company Representatives: _____

_____

Exhibit Type (Circle one): Table Top Exhibition Booth $1,500.00 USD | Premium Exhibition Booth Call office for details

Check all boxes that apply.

☐ Enclosed is a check for $_____, the fee for one exhibit at the PPAG Pediatric Pharmacy Conference. Fee does NOT include any special equipment needed. Contact PPAG for information if additional amenities are needed. Make checks payable to: Pediatric Pharmacy Advocacy Group (Tax ID: 34-1628850). 7975 Stage Hills Boulevard, Suite 6, Memphis, TN. 38133. **We also accept Visa, MasterCard, and American Express.** Please call 901-380-3617 if interested.

☐ I am also interested in sponsoring a satellite symposium. Please contact regarding information.

☐ I am also interested in other sponsorship opportunities such as sponsoring a break, food function, or reception.

Liability: The company representative/exhibitors in sending this agreement, releases PPAG and its members/representatives from any and all claims of injury, loss of damage, that may occur to the exhibitor, the exhibitor's employees, of the exhibitors property from any cause whatsoever; except in the case of PPAG and/or its representative's negligence.