

**Advanced Attendee Mailing Labels   ■   2003 Pediatric Academic Societies**

Pre-show mailings increase booth traffic and exposure of your company's products and services. Labels, lists or Excel files for the PAS pre-registrants are made available to contracted exhibitors at no cost.

**DEADLINE — MARCH 24, 2003**

**Please send mailing labels/lists/Excel files to:**

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

Physical Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Country (if other than U.S.) \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

(Labels/lists will be sent by overnight courier, so please provide your company's physical address.)

**If subspecialties requested, check only those needed:**

All Attendees       U.S. Only       Canada Only       International Only

- |   |   |
|---|---|
| <input type="checkbox"/> Adolescent Medicine        | <input type="checkbox"/> Epidemiology                                   |
| <input type="checkbox"/> Allergy & Immunology       | <input type="checkbox"/> Gastroenterology & Nutrition                   |
| <input type="checkbox"/> Behavioral Pediatrics      | <input type="checkbox"/> General/Preventive Peds/Pediatric Education    |
| <input type="checkbox"/> Bioethics                  | <input type="checkbox"/> Genetics/Metabolism                            |
| <input type="checkbox"/> Cardiology                 | <input type="checkbox"/> Hematology/Oncology                            |
| <input type="checkbox"/> Critical Care              | <input type="checkbox"/> Infectious Diseases                            |
| <input type="checkbox"/> Developmental Biology      | <input type="checkbox"/> Neonatology (all neonatal related specialties) |
| <input type="checkbox"/> Developmental Pharmacology | <input type="checkbox"/> Nephrology                                     |
| <input type="checkbox"/> Dismorphology              | <input type="checkbox"/> Neurology                                      |
| <input type="checkbox"/> Emergency Medicine         | <input type="checkbox"/> Pulmonology                                    |
| <input type="checkbox"/> Endocrinology/Metabolism   | <input type="checkbox"/> Rheumatology                                   |

**If subspecialties are not needed, please indicate preference below:**

All Attendees       U.S. Only       Canada Only       International Only

Please select at least one.

Labels are pressure sensitive (2-up) laser jet labels.

If you select Excel Files, please be sure to provide your email address above.

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Mailing Labels | <input type="checkbox"/> Excel Files | <input type="checkbox"/> Registrant List (includes name & address only) |
| <input type="checkbox"/> Zip Order      | <input type="checkbox"/> Alpha Order | <input type="checkbox"/> Other  |

**These mailing labels/lists/Excel files will not be available for purchase at any time.**

**Labels/lists/Excel files must be used by April 25, 2003**