

Exhibit Space Contract

Complete and return Exhibit Space Contract with required 50% deposit to:

PAS Program Office – Exhibits
3400 Research Forest Drive, Ste B-7
The Woodlands, TX 77381

Please print or type – one application per company

Company Name _____

Address _____

City/State/Zip _____

Country _____

Phone Number _____

Fax Number _____

Contact Person _____

Title _____

Email Address _____

- Check here if you are a first-time exhibitor at PAS
- Check here if an ASPN Exhibitor
- Check here if an LWPEs Exhibitor

Preferred Booth Size* _____ x _____

Preferred Booth Location (list Booth # in preference order)

1st _____ 2nd _____ 3rd _____

4th _____ 5th _____ 6th _____

* If booth size is not on floorplan, please call PAS Exposition Office for assistance.

I do not wish to be near the following companies:

We agree to abide by all rules & regulations governing the exhibition as printed on this Contract, as well as to all of the provisions of the official Rules & Regulations published in the "2009 PAS Rules & Regulations" which are incorporated by reference herein. We agree to pay the booth rental charge in full on or before February 6, 2009. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before February 17, 2009, the PAS reserves the right to retain 25% of the contracted booth fee. Should exhibitor cancel on or after February 17, 2009, the PAS reserves the right to retain 100% of contracted booth fee unless the booth space is resold, then the PAS will retain 25% of the contracted booth fee.

Signature _____

Title _____

Date _____

Exhibit Space Rental Rates (listed in U.S. Dollars)

Full payment must accompany contracts sent on or after February 6, 2009

| Booth | Cost | Deposit |
|-----------|----------|----------|
| 10 x 10 | \$ 2,800 | \$ 1,400 |
| 10 x 20 | \$ 5,600 | \$ 2,800 |
| 10 x 30 | \$ 8,400 | \$ 4,200 |
| 20 x 20 | \$11,200 | \$ 5,600 |
| 20 x 30 | \$16,800 | \$ 8,400 |
| 20 x 40 | \$22,400 | \$11,200 |
| 30 x 30 | \$25,200 | \$12,600 |
| 30 x 40 | \$33,600 | \$16,800 |
| 30 x 50 | \$42,000 | \$21,000 |
| Nonprofit | \$ 1,700 | \$ 850 |

Which is the most Important (rank 1 to 3, "1" being the most important, "3" being the least)?

- _____ Having a corner booth
- _____ Being situated away from companies requested
- _____ Location of booth

Product/Services are targeted to (check all that apply):

- Adolescent Medicine
- Allergy, Immunology and Rheumatology
- Cardiology
- Critical Care
- Developmental Biology
- Developmental-Behavioral Pediatrics
- Dysmorphology & Teratology
- Emergency Medicine
- Endocrinology
- Epidemiology
- Gastroenterology
- General Pediatrics
- Genetics
- Hematology/Oncology
- Infectious Diseases
- Medical Education
- Neonatology
- Nephrology
- Neurology
- Pulmonology

Final Payment Deadline – February 6, 2009

Credit Card Payment Information

VISA _____ MC _____ AmEx _____

Credit Card # _____

Exp. Date _____

Customer Identification No. (CID/ CVV2) _____
(3 digits on back of MC or VISA; 4 digits on top right front of AMEX)

Cardholder Name _____

Signature _____

Authorized Amount \$ _____

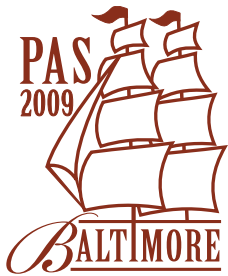
- Check here if requesting Nonprofit (NP) Booth*
*Limited to organizations who are 501(c)3 or government agencies. Respective certificates **MUST** be attached in order to receive the NP rate.

PLEASE MAKE CHECKS PAYABLE TO:
Pediatric Academic Societies

For PAS Use Only

Date Contract Received _____
Total Booth Cost \$ _____
Amount Received \$ _____
Balance Due \$ _____
Assigned Booth Number _____

Exhibit Space Contract



Exhibitor Raffle Approval Form

Exhibitor Raffle Approval Form

Please complete and return to:

Marge Gates, PAS Exposition Coordinator, PAS Exposition Office
141 Northwest Point Blvd., Elk Grove Village, IL 60007; or fax to: 847-228-5059

DEADLINE - MARCH 10, 2009

Company Name

Address

City/State/Zip

Country (if outside the U.S.)

Contact Name Email

Phone Fax

Raffle Rules and Regulations

- 1. Exhibitor Raffle must be restricted to the confinement of the exhibitor's booth and not in exhibit hall aisles or in any part of the Convention Center.
2. Prizes are not to be awarded to winners on-site but are to be shipped to them after the meeting. A sample of each prize can be available for viewing in the exhibitor's booth during exhibit hours.
3. No public announcements for the Exhibitor Raffle are allowed.

DETAILS OF RAFFLE

On-site Contact Person:

Date(s) of Raffle:

Prizes to be Awarded and Dates to be Drawn:

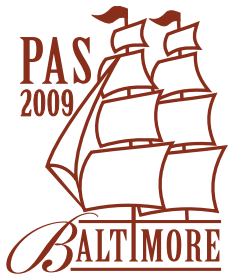
Prize: Date to be Drawn:

Prize: Date to be Drawn:

Prize: Date to be Drawn:

Describe how Raffle will be Marketed to Attendees:

Describe how Attendees will be Informed of Winnings:



2009 Pediatric Academic Societies
MAY 2-5, 2009
BALTIMORE, MARYLAND

Exhibitor Give-Away Approval

Exhibitor Give-Away Approval

Please complete the following form and submit with a sample of your give-away to the PAS Exposition Office for approval. All exhibitor give-aways must receive prior approval. Failure to do so will prevent the distribution in the exhibit hall. If you do not have the actual sample, please provide a photo of the item you intend to give away. Approval of this form will be emailed back to your company with approval or non-approval.

DEADLINE – MARCH 10, 2009

Company Name _____

Address _____

City/State/Zip _____

Country (if outside the U.S.) _____

Phone _____ Fax _____

Submitted by _____ Email _____

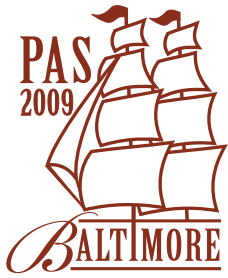
Item(s) for Give-Away _____

Please mail completed form along with a sample or photo of the actual give-away item by March 10 to:

Marge Gates
PAS Exposition Coordinator
PAS Exposition Office
141 Northwest Point Blvd.
Elk Grove Village, IL 60007

If you have any questions, please contact Marge Gates at 847-434-4321.

| PAS Official Use Only | |
|------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> | Approved as submitted. |
| <input type="checkbox"/> | Approved with the following stipulations: _____ _____ |
| <input type="checkbox"/> | Denied for the following reasons: _____ _____ |
| PAS Exposition Representative Signature: _____ | |



2009 Pediatric Academic Societies

MAY 2-5, 2009

BALTIMORE, MARYLAND

Pre-Show Attendee Registrant List

Pre-show Attendee Registrant List

Pre-show mailings increase booth traffic and exposure of your company's products and services. Excel files for the PAS pre-registrants are made available to contracted exhibitors at no cost. Please complete this Pre-show Attendee Registrant List request form and return to the PAS Exposition Office by March 10, 2009, if you wish to receive the list in time for your mailing. Lists will be sent out in an electronic format (Microsoft™ Excel Spreadsheet) the week of April 6. PAS requires that your promotional piece be approved before registrant lists are mailed. Please send promotional proofs to the PAS Exposition Office together with your completed Pre-show Attendee Registrant List form.

DEADLINE – MARCH 10, 2009

Please complete (type or print legibly):

Company Name _____

Physical Address _____

City/State/Zip _____

Country (if outside the U.S.) _____

Contact Person _____

Phone _____ Email _____

Contact information to be provided in the Pre-show Attendee Registrant List will include the registrant's full name, mailing address and subspecialty (area of interest).

The registrant list will NOT be sent without prior approval of promotional pieces.

**The Registrant List Excel files will not be available for purchase at any time.
Excel files must be used by April 21, 2009.**

Please complete and return to:

Marge Gates

PAS Exposition Coordinator

PAS Exposition Office

141 Northwest Point Blvd.

Elk Grove Village, IL 60007