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PAS 2009
BALTIMORE

PEDIATRIC ACADEMIC SOCIETIES
ANNUAL MEETING • MAY 2-5, 2009

Industry Sponsored Symposia Application

May 2-5, 2009 • Baltimore, Maryland

Receipt Deadline: December 15, 2008

Please refer to guidelines for complete application requirements.

Company Information			
Official Sponsoring Company Name			
Sponsoring Company Representative Name			
Address			
City, State, Zip			
Phone			
Fax			
Email			
Program Information			
Title of Program			
Target Audience (<i>i.e.: Neonatologists</i>)			
Number of Attendees Expected			
Requested Function Date & Time		Saturday, May 2	Available Session Time: 6:00am – 8:00am Set Up: Friday, 4pm
<i>Please mark your first 3 choices, 1, 2 & 3</i>		Sunday, May 3	Available Session Time: 6:00am – 8:00am Set Up: Saturday, 3pm
		Sunday, May 3	Available Session Time: 7:30pm – 9:30pm Set Up: 3pm
		Monday, May 4	Available Session Time: 6:00am – 8:00am Set Up: Sunday, 3pm
		Monday, May 4	Available Session Time: 5:30pm – 7:30pm Set Up: 3pm
Scheduled Session Time (<i>must be between the hours stated above</i>)			
Desired Room Set		Classroom	Banquet (rounds of 8)
		Other (Specify):	Crescent Rounds
Are there additional meeting space needs related to this program? (<i>If yes, please note here</i>)			
Are there any competing companies that you do not want to be scheduled on the same day and time? Please list all.			

CME Credit Provider (CME Sponsor)	
CME Representative Name	
Institution or Company	
Address	
City, State, Zip	
Phone	
Fax	
Email	
Number of Credits Offered	

Medical Communications / Meeting Planning Company (if applicable) PLEASE NOTE!!! <i>One person must be designated as the sole contact for all communications to the PAS Office from your company. PAS will then communicate directly with that person throughout the planning process.</i> THIS WILL BE STRICTLY ENFORCED.	
Third Parties must attach an authorization letter from Sponsoring Company.	
Company Name	
Contact <i>(Person that will communicate directly with PAS Office – same person for duration of planning Period is required)</i>	
Address	
City, State, Zip	
Phone	
Fax	
Email	
Application will be considered complete when it includes the following: Attach separate documents, or fill in below. Use as much space as needed.	
	The rationale for holding the symposium:
	Learning objectives:
	Synopsis of program content for publication in the PAS programs. This will be published in the PAS onsite program guide and also listed on the PAS website(limited to 200 words):
	Description of how evaluation and CME credits will be handled on-site:
	Complete agenda for the program, including proposed speakers and topics:
	Sample evaluation form:
	Completed application with signatures:
	Payment: Full Payment must be submitted with this application. Any additional fees for Enduring Products will be due upon request from Marathon Multimedia.

Signatures of the sponsoring company representative, the CME provider and the medical communications/meeting planning company (if applicable):

Required Signatures	
By signing below, you confirm your agreement to the Official Guidelines as stated.	
Sponsoring Company Representative <i>(Print Name)</i>	
Sponsoring Company Representative <i>(Signature)</i>	
CME Provider Representative <i>(Print Name)</i>	
CME Provider Representative <i>(Signature)</i>	
If Applicable:	
Medical Communications/Meeting Planning Company Representative <i>(Print Name)</i>	
Medical Communications/Meeting Planning Company Representative <i>(Signature)</i>	
Pediatric Academic Societies Representative <i>(Print Name)</i>	
Pediatric Academic Societies Representative <i>(Signature)</i>	

Please refer to ISS Guidelines for further requirements. Full payment must be submitted with application. 100% of payment will be refunded if program is not accepted. Please make checks payable to the: Pediatric Academic Societies.

- Exhibiting Company Fee: \$20,000 (US Dollars)
- Non Exhibiting Company Fee: \$25,000 (US Dollars)
- Exhibiting Company Fee: \$30,000 (US Dollars) – Webcast Option
- Non Exhibiting Company Fee: \$35,000 (US Dollars) – Webcast Option

Send completed application to: Kathy Cannon
Associate Meeting Director
PAS Program Office
3400 Research Forest Drive, Suite B7
The Woodlands, TX 77381