



F O R M S

Photo: Scott Dressel-Martin for the Denver Metro Convention & Visitors Bureau



www.pas-meeting.org



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

PAS Program Office – Exhibits
3400 Research Forest Drive, Suite B-7
The Woodlands, TX 77381
To send by fax: 281-419-0082

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 PES Exhibitor (formerly LWPES)
- Check here if an ASPR 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 floor plan, 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 "2011 PAS Rules & Regulations" which are incorporated by reference herein. We agree to pay the booth rental charge in full on or before February 4, 2011. Failure to do so may result in the cancellation of assigned space. Should exhibitor cancel before February 14, 2011, 25% of the total booth rental fee will be retained by the PAS. Should the exhibitor cancel on or after February 14, 2011, 100% of the total booth rental will be retained by the PAS. If the exposition is sold out, 25% will be retained by PAS.

Signature _____

Title _____

Date _____

Exhibit Space Rental Rates (listed in U.S. Dollars)
Full payment must accompany contracts sent on or after February 4, 2011

Booth	Cost	Deposit
10 x 10	\$ 3,000	\$ 1,500
10 x 20	\$ 6,000	\$ 3,000
10 x 30	\$ 9,000	\$ 4,500
20 x 20	\$12,000	\$ 6,000
20 x 30	\$18,000	\$ 9,000
20 x 40	\$24,000	\$12,000
30 x 30	\$27,000	\$13,500
30 x 40	\$36,000	\$18,000
30 x 50	\$45,000	\$22,500
Nonprofit	\$ 1,800	\$ 900

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):

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

Final Payment Deadline – February 4, 2011

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	_____

EXHIBITOR RAFFLE APPROVAL FORM

APRIL 30 – MAY 3 • COLORADO CONVENTION CENTER



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 9, 2011

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 onsite 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

Onsite 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: _____



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 nonapproval.

DEADLINE – March 9, 2011

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 9 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

Approved as submitted.

Approved with the following stipulations: _____

Denied for the following reasons: _____

PAS Exposition Representative signature: _____

PRE-SHOW ATTENDANCE REGISTRATION LIST

APRIL 30 – MAY 3 • COLORADO CONVENTION CENTER



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 9, 2011, 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 4. 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 9, 2011

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 20, 2011.

Please complete and return to:

Marge Gates

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