

Pediatric Dermatology for the Practitioner: San Diego 2017

2017 EXHIBITOR PROSPECTUS AND APPLICATION

Exhibit Space Purchase Level:

- Silver Level- \$5,000 (priority placement of booth and 1 complimentary registration)**
- Bronze Level- \$3,500**

Benefits

- Exhibit space: A 3' x 6' draped table at the Island/ Palm Hall
- Opportunity to meet 200+ pediatricians, family practitioners, and allied health professionals.
- Acknowledgement as an Exhibitor in the Syllabus
- PowerPoint acknowledgement from the podium each day
- Friday Buffet Luncheon and all food service offerings

Exhibit Times

Set up Time: Thursday, April 6, 2017- 6:00pm- 8:00pm and/or
Friday, April 7, 2017- 6:00am- 7:00am

Exhibit Times: Exhibits may remain through the entire conference. Attendees visit Exhibits throughout the conference; the majority during Continental Breakfast each day as well as morning and afternoon breaks.

Breakdown: Saturday, April 8, 2017 – any time after 12:30pm

Space Assignment

Silver Level Exhibitors have priority in choosing booths. Otherwise, assignment of booths shall be determined on a **first-come, first-served basis**. The conference sponsor may accept or reject any application for space.

The Exhibit space is not to exceed 3 ½' depth, by 6' width by 7' high. All displays and exhibits must conform to all applicable governmental fire ordinances and cannot be tacked or taped to walls or ceilings. Any property of Patron or Patron's guests brought to the Hotel and left hereon either prior to, during or following the event, shall be at the sole risk of Patron. The hotel shall not be liable for any loss of or damage to any such property for any reason.

Shipping and Receiving

Materials may be delivered to the hotel no sooner than **3** days prior to April 7, 2017. Hotel will store the materials in a secure location at a cost of \$5 per standard envelope, \$15 for boxes under 25 lbs, \$50 for boxes 25-60 lbs, \$75 for boxes 61-100 lbs, \$150 for boxes 101 lbs or heavier, \$375 per single pallet and \$700 for any pallet larger than a standard pallet (including doubles). Additional handling fees may apply. No COD packages will be accepted.

Please Note: Representatives are responsible for their own charges (power hook up, shipping/receiving handling fees from the Hotel).

Upon arrival, packages can be retrieved by calling Security to be delivered to the meeting room. When shipping to the hotel, your packages will go to the Shipping and Receiving Department, packages being shipped must have the following information included:

Pediatric Dermatology for the Practitioner Conference (RCHSD)

April 7-8, 2017

C/O Paradise Point Hotel

ATTN: Package Room/Receiving + (your name & company)

1404 Vacation Road

San Diego, CA 92109

Hotel Accommodations

Paradise Point Hotel

1404 Vacation Road

San Diego, CA 92109

(858) 581-5900

www.paradisepoint.com

Transportation from the Airport:

Taxi fare approx. \$25-\$30

Super Shuttle: approx. \$20.00/person

Call: (858) 974-8885

Hotel Rate: \$219 per room, per night

Parking: \$17 per car, per night (\$22 per car, per night savings).

Accommodations - Make your hotel reservations early. The group rate will be available until March 16, 2017, or until the group block is sold out, whichever comes first. To register online for the hotel, click on www.sdpedsdermconference.com

Questions?

Email: cme@rchsd.org

Telephone: 858-966-4072

Fax: 858-966-8018



**APPLICATION FOR EXHIBIT SPACE
April 7-8, 2017**

Company: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email (legible, please!): _____

Authorized by: _____ Title: _____

Name(s) for Exhibitor Badges: _____

Brief paragraph describing your program, product, or services for website (date received may limit inclusion):

Exhibit Space Purchase Level:

Silver Level- \$5,000 (priority placement of booth and 1 complimentary registration)

Bronze Level- \$3,500

Total Amount Enclosed: (U.S. Dollars) _____

Checks payable to Rady Children's Hospital/CME - Federal ID# 95-1691313

Payment by Credit Card: VISA or MASTERCARD (Please Circle One) 3 Digit Security Code _____

Credit Card Number: _____ **Expiration:** _____

Name on Card: _____ **Signature:** _____

Register online (www.sdpedsdermconference.com)

We hereby apply, subject to the terms listed on the "Exhibit Terms and General Regulations", for exhibit space(s) at the Pediatric Dermatology for the Practitioner Conference for display of merchandise and/or services. The Exhibitor hereby agrees to abide by all accompanying exhibit terms and general regulations required by the management, provided these latter do not materially alter the Exhibitor's contractual rights. This contract shall become valid when signed by the Exhibitor and received together with payment to Rady Children's Hospital/CME.

Signature: _____ Date: _____

Title: _____