



Exhibitor Agreement and Application Form

PPAG Fall Meeting
September 13-16, 2018
Sheraton Philadelphia University City
Philadelphia, PA

((Exhibition will be held on Friday from 1:00pm to 4:00pm and/or Saturday from 8:00 am to 12:00pm))

Company/Hospital Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Phone: _____

Email Address: _____ Fax: _____

We plan to exhibit the following: _____

Company Representatives: _____

Check all boxes that apply.

Enclosed is a check for \$500.00, the fee for one table top exhibit at the PPAG Pediatric Pharmacy Conference. Fee does NOT include any special equipment needed. Contact PPAG for information if additional amenities are needed. Make checks payable to: Pediatric Pharmacy Advocacy Group (Tax ID: 34-1628850) 5865 Ridgeway Center Parkway Suite 300 Memphis, TN 38120. **We also accept Visa, MasterCard, and American Express.**

FOR HOSPITALS ONLY: Enclosed is a check for \$250.00, the fee for one table top exhibit at the PPAG Pediatric Pharmacy Conference. Fee does NOT include any special equipment needed. Contact PPAG for information if additional amenities are needed. Make checks payable to: Pediatric Pharmacy Advocacy Group (Tax ID: 34-1628850) 5865 Ridgeway Center Parkway Suite 300 Memphis, TN 38120. **We also accept Visa, MasterCard, and American Express.**

I am also interested in sponsoring PPAG or a satellite symposium. Please contact regarding information.

Liability: *The company representative/exhibitors in sending this agreement, releases PPAG and its members/representatives from any and all claims of injury, loss of damage, that may occur to the exhibitor, the exhibitor's employees, of the exhibitors property from any cause whatsoever; except in the case of PPAG and/or its representative's negligence.*

Acknowledgement

Company Representative Signature: _____ Date: _____

