



APPLICATION FOR NON-AAP INDUSTRY/FOUNDATION SYMPOSIUM

Application Fees: Exhibitors \$15,000; Non-Exhibitors \$25,000

Organizations planning to hold a symposium during the AAP National Conference & Exhibition must complete this application and adhere to AAP Guidelines for Industry/Foundation Symposia. Incomplete applications will not be accepted.

My signature below verifies that I have read and understand the conditions of this application as set forth in the AAP Guidelines for Industry Symposia and Foundation Symposia. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I accept responsibility for informing all parties involved in the organization of this symposium of these conditions and regulations and for ensuring that they abide by them. I understand the penalties that may be assessed if these conditions are violated, and I understand the cancellation policy.

Program Title: _____

Length of Program: _____ **# of Credits Offered:** _____

Is there a social activity Yes *If yes, please indicate type and associated with this program?*
 No *length of social activity* _____

Date/Time Preference (Rank 1-5; 1 = 1st Choice, 2 = 2nd Choice, etc.)

_____ Fri., Sept. 15 7:00 pm – 11:00 pm	_____ Sat., Sept. 16 7:00 pm – 11:00 pm	_____ Sun., Sept. 17 7:00 pm – 11:00 pm
_____ Mon., Sept. 18 7:00 pm – 11:00 pm	_____ Tues., Sept. 19 6:30 pm – 11:00 pm	

Sponsor: _____
(Organization responsible for the overall program)

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Credit Provider: _____
(If organization other than Sponsor)

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Commercial Supporter: _____
(Commercial supporter may not change after this application is submitted)

Contact Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

FOR AAP USE ONLY	
Date Rec'd: _____	
Pmt Rec'd:	
<input type="checkbox"/> Exhibitor (\$15,000)	
<input type="checkbox"/> Non-Exhibitor (\$25,000)	
Approved:	
By: _____	
Date: _____	
Not Approved:	
By: _____	
Date: _____	

Application to Hold a Non-AAP Industry/Foundation Symposium (continued)

American Academy of Pediatrics National Conference & Exhibition
McCormick Convention Center
September 16-19, 2017 • Pre-conference Events Friday, September 15

The AAP expects that industry/foundation symposia will be developed and delivered by an ACCME-accredited provider. Please provide the accreditation statement(s) for the symposium.

The AAP expects that this industry/foundation symposium will be designated for *AMA PRA Category 1 Credit*^(TM). Please provide the credit designation statement(s) for the symposium.

Will commercial supporter be an exhibitor at the National Conference & Exhibition? Yes No

Please provide a brief description of your educational program (or attach separately).

Please list your program's educational objectives (or attach separately).

Please list the names and titles of your faculty presenters (or attach separately).

Describe how content is identified for presentation at this symposium.

Describe how faculty are identified to participate in this symposium.

Describe the role, if any, that the commercial supporter and/or representatives from any ACCME-defined commercial interests will have in the development and delivery of this symposium.

The AAP expects that the symposium sponsor, credit provider, and commercial supporter will fully adhere to the ACCME Accreditation Criteria, Standards for Commercial Support, and ACCME policies (www.accme.org) in the development and delivery of this symposium.

METHOD OF PAYMENT

Amount \$15,000 – Exhibitor \$25,000 – Non-Exhibitor

Check enclosed payable to the American Academy of Pediatrics (US Only)

Credit Card (select one)

VISA MasterCard Discover American Express

Card Number _____ Exp. Date (MM/YY) _____

Name as it appears on card (*please print*)

Signature: _____ **Date:** _____
Authorized Sponsor Representative – Name and Title

Please submit completed application and payment by May 1, 2017 to:
Deborah Samuel, Division of CME • American Academy of Pediatrics • 141 Northwest Point Blvd • Elk Grove Village, IL 60007

Phone: 1-847-434-7097 • Email: dsamuel@aap.org

Symposia applications are reviewed for acceptance on a first-come, first-served basis once payment is received.

***Ask us about late-breaking applications and availability**