



**APPLICATION FOR INDUSTRY/FOUNDATION-SPONSORED SYMPOSIA**

**Symposium Fee: \$25,000**

**Application deadline: August 21, 2023 (submissions not accepted after this point)**

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

Host an in-person symposium in conjunction with the 2023 AAP National Conference & Exhibition! All sessions and events will take place in Washington, DC. A limited virtual attendee experience also will be available.

Symposia are education programs planned and implemented by an ACCME-accredited organization external to the AAP in which *AMA PRA Category 1 Credit™* is designated. Symposia take place outside of the National Conference education program and are the responsibility of the symposium host.

*Symposia are not sponsored, endorsed, or accredited by the American Academy of Pediatrics.*

Organizations planning to hold an in-person symposium at the AAP National Conference & Exhibition must complete this application and adhere to AAP Guidelines for Industry/Foundation-Sponsored Symposia. Incomplete or late applications (submitted after August 21) will not be accepted.

*My submission of this application verifies that I have read and understand the conditions of this application as set forth in the AAP Guidelines for Industry/Foundation-Sponsored Symposia. By completing the 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:** \_\_\_\_\_

**Date Preference**

Symposia may be held on the following dates and times. Please note: special events are varied throughout the National Conference and may occur against these dates and times (subject to change). Please check the online conference schedule (available May 2023) for further details on special events. There are 3 spots available per night. Symposia will be placed within the official National Conference hotel block at the Co-Headquarter Renaissance Washington, DC.

(Rank in Order of Preference: 1= 1<sup>st</sup> choice, 2 = 2<sup>nd</sup> choice, 3 = 3<sup>rd</sup> choice)

\_\_\_\_\_ Sat., Oct.21      \_\_\_\_\_ Sun., Oct.22      \_\_\_\_\_ Mon., Oct. 23

**Event Time (beginning no earlier than 6:30pm EDT and ending no later than 8:30pm EDT)**

*This must include registration and any pre-meeting socializing.*

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Total # of Estimated Attendees:** \_\_\_\_\_



**AAP WASHINGTON, DC 2023**  
 experience **National Conference & Exhibition**  
 October 20–24, 2023 | AAPexperience.org | AAP2023

American Academy  
 of Pediatrics



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**Room Set:**  Theater  Rounds  Classroom

**Other room requests/specifications:** \_\_\_\_\_

**Are you expecting to serve Food and Beverage?**  Yes  No

**Hosting Company:** \_\_\_\_\_

(Organization responsible for the overall program)

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Credit Provider:** \_\_\_\_\_

(If organization other than Host)

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: \_\_\_\_\_

**The AAP requires symposia to be developed and delivered by an ACCME-accredited provider and designated for AMA PRA Category 1 Credit™. Please attach a copy of your ACCME accreditation certificate and include the credit designation statement below.**

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

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

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

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Describe how content is identified for presentation at this symposium.

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Describe how faculty are identified to participate in this symposium.

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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.

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The AAP requires that the symposium sponsor, credit provider, and commercial supporter will fully adhere to the ACCME Accreditation Criteria, Standards for Integrity and Independence in Accredited Continuing Education, and ACCME policies ([www.accme.org](http://www.accme.org)) in the development and delivery of this symposium.

**METHOD OF PAYMENT**

Amount  \$25,000 – Symposium fee

Payment  Check  Credit Card

Please submit completed application and preferred form of payment to:  
 Vicky Gardner: Project Manager, National Conference Program  
 American Academy of Pediatrics: [vgardner@aap.org](mailto:vgardner@aap.org)

Upon submission of the application, additional instructions for payment processing will be provided.

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