P ORLANDO 2024 American Academy of Pediatrics Derience National Conference & Exhibition SEPTEMBER 27 - OCTOBER 1, 2024 | AAPEXPERIENCE.ORG | AAP2024 DEDICATED TO THE HEALTH OF ALL CHILDREN® APPLICATION FOR INDUSTRY/FOUNDATION-SPONSORED SYMPOSIA Symposium Fee: \$25,000 Application deadline: July 28, 2024 (submissions not accepted after this point) ***Symposia applications are reviewed for acceptance on a first-come, first-served basis once payment is received. *** 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 2024) 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 Hyatt Regency Orlando. (Rank in Order of Preference: $1 = 1^{st}$ choice, $2 = 2^{nd}$ choice, $3 = 3^{rd}$ choice) _____Sat., Sept.28 _____Sun., Sept. 29 _____Mon., Sept 30 *** Evening AAPExperience! event is TBD *** 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: _____ Room Set Preference: Rounds Classroom ***Depends on date and availability of room*** 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:_____



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Phone:	Fax:	E-mail:	
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The AAP requires sym	posia to be developed and	delivered by an ACCME-accredited p	rovider and designate

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.

Please provide a brief description of your 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 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 (<u>www.accme.org</u>) in the development and delivery of this symposium.

METHOD OF PAYMENT

Amount	\$25,000 – Symposiu	m fee	
Payment	Check	Credit Card	
	Vicky Gardne	Please submit completed application and preferred form of payment to: Vicky Gardner: Project Manager, National Conference Program American Academy of Pediatrics: <u>vgardner@aap.org</u>	
Lln	on submission of the applicat	ion additional instructions for naument processing w	

Upon submission of the application, additional instructions for payment processing will be provided. Applications will not be accepted after July 28, 2024

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