

APPLICATION FOR INDUSTRY/FOUNDATION-SPONSORED SYMPOSIA

Symposium Fee: \$25,000

Application deadline: July 31, 2025 (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 are scheduled on the following dates and times. Please note that special events may occur throughout the National Conference, which could overlap with these dates and times (subject to change). For the most current details on special events, please check the online conference schedule, available in May 2025.

All symposia will be hosted within the Colorado Convention Center.

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

_____ Sat., Sept. 27 _____ Sun., Sept. 28 _____ Mon., Sept 29

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

This must include registration and any pre-meeting socializing.

Start Time: _____ End Time: _____

Total # of Estimated Attendees: _____

All rooms will be set up as Table Rounds.

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.

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 (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

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

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