



Montana AAP – Pediatric Roundup 2018 Annual Meeting and CME Conference

When: October 5-7, 2018

Where: Chico Hot Springs, Pray, Montana

Exhibitor Registration - Please complete the following:

Organization Name: _____

[List name as you would like it to appear on all acknowledgements]

Conference exhibitor contact name(s): _____

[As you would like it to appear on conference name badge(s)]

Daytime Phone: _____ Cell #: _____

Fax: _____ E-mail : _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Please select Exhibit Fee / Level of Support (see attached for more details):

Bronze (\$750)

Silver (\$1000)

Gold (\$1250)

Exhibitor Agreement - Please sign below:

The exhibitor agrees to abide by the Accreditation Council for Continuing Medical Education's "Standards for Commercial Support of Continuing Medical Education". Note: No promotional exhibits will be displayed in the same room as the educational activity. The display area will be closed during educational activities.

Authorized Signature _____ Date: _____

Please make checks payable to **Montana Chapter, American Academy of Pediatrics, Inc.**

(Tax ID # 36-3481749)

Please return this form to: Kylee Bodley

Montana Chapter, AAP

280 W. Kagy Blvd, Ste D #285, Bozeman, MT 59715

or email to: kbodleymtaap@gmail.com

or fax to: 1-844-228-7480

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Montana Chapter