

Exhibitor Registration Form

Name of Conference: **Hot Topics in Neonatology**
Exhibit Coordinator: _____
Company Name: _____
Phone #: _____ E-Mail Address: _____
Address: _____

Virtual Exhibit Event Dates: **Sunday, December 6 through Thursday, December 10, 2020**
Scheduled Exhibit Time: **Start of each day | Mid-morning | Lunch | 24/7 attendee access to exhibitor content**
Virtual Booth Fees: **Premier Exhibitor Rate \$3,000 | Non-Profit Exhibitor Rate \$1,500**

Please print name and email address of individuals attending below. Individual email addresses are required for every representative to access the on-line exhibitor portal. You may add up to five additional representatives for a fee of \$250 each. To register additional representatives, please email Ivy Gato-Gomez | ivy.gato-gomez@nemours.org

Name: _____	Email: _____
Name: _____	Email: _____
Name : _____	Email: _____

Cancellation Policy: This agreement may be cancelled no later than one month prior to the above mentioned event without penalty upon giving written notice to the Nemours' CME office. Cancellation after this date will result in forfeit of the exhibitor's fee.

Exhibitor's Fee Due: _____

Payment may be made by VISA, MasterCard, American Express or Discover.

Credit Card #: _____ CVN#: _____ Expiration Date: _____

Name on Credit Card: _____

Address : _____
(address associated with credit card)

Signature: _____

Please sign this sheet and return via email to ivy.gato-gomez@nemours.org

(Exhibitor's Signature and Date)

Questions: If you have questions, please contact Ivy Gato-Gomez at ivy.gato-gomez@nemours.org or 407-414-2679

Space for Use by CME Office

Amount Due _____

Date Received _____

Total Paid _____