

# Exhibitor Registration Form

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

Exhibit Dates: **Monday, December 6 through Wednesday, December 8, 2021**

Booth Fees: **Virtual \$1,500 | \$1,000 Non-Profit**

Please print name and email address of individuals attending below. Individual email addresses are required for every representative attending. To register additional representatives, please email Ivy Gato-Gomez | [ivy.gato-gomez@nemours.org](mailto:ivy.gato-gomez@nemours.org)

Virtual Representatives:

|              |              |
|--------------|--------------|
| Name: _____  | Email: _____ |
| Name: _____  | Email: _____ |
| Name : _____ | Email: _____ |

**Cancellation Policy:** This agreement may be cancelled no later than November 5, 2021 without penalty upon giving written notice to [Ivy.Gato-Gomez@Nemours.org](mailto:Ivy.Gato-Gomez@Nemours.org). 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](mailto:ivy.gato-gomez@nemours.org)

\_\_\_\_\_  
(Exhibitor's Signature and Date)

**Space for Use by CME Office**

Amount Due \_\_\_\_\_

Date Received \_\_\_\_\_

Total Paid \_\_\_\_\_

**Questions:** If you have questions, please contact Ivy Gato-Gomez at [ivy.gato-gomez@nemours.org](mailto:ivy.gato-gomez@nemours.org) or call @ 407-414-2679

**Hot Topics in Neonatology®**