



## Satellite Symposia Registration Form

Representative: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail \_\_\_\_\_

Sponsorship of satellite symposia includes conference admittance for 6 representatives: Please print name and email address of individuals attending. (Other representatives may register online at [www.hottopics.org](http://www.hottopics.org) )

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

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**Symposium Location: Marriott Marquis Hotel, Washington, DC**

**Symposium Slot (as pre-determined with Nemours – please indicate breakfast, lunch or dinner and date below):**

\_\_\_\_\_

**Symposia Cost: \$10,000** (*entitles symposia sponsor to benefits outlined in Satellite Symposium Information form, attached*)

**Cancellation Policy:** This agreement may be cancelled no later than two months prior to the above mentioned event without penalty, upon giving written notice to the CME office at the appropriate Nemours location. Cancellation after this date will result in forfeit of the symposium fee.

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**Payment Options:**

\$ \_\_\_\_\_

**Checks** can be made payable to: *Nemours* and mailed with completed symposium form to Office of CME, Nemours/Alfred I. duPont Hospital for Children, PO Box 269, Wilmington, DE 19899

*Credit Card – Visa, MasterCard, American Express or Discover*

#: \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVN \_\_\_\_\_

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**Signature:** Please sign this sheet and return to: Alfred I. duPont Hospital for Children, Office of Continuing Medical Education, PO Box 269, 1600 Rockland Road, Wilmington, DE 19899, Phone: (302) 651-6750, FAX: (302) 651-6754. **Nemours Federal ID # 59-0634433**

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(Exhibitor's Signature and Date)

**Questions?** If you have any questions, please contact Karen Bidus at (302) 651-6752, fax 302-651-6754 or [kbidus@nemours.org](mailto:kbidus@nemours.org)