

Pediatric Infectious Diseases Update Exhibitor/Supporter Application Form

Name of Firm: (as it will appear on booth sign)

Address of Firm

City, State, Zip

Telephone Number (Headquarters) _____ Fax Number (Headquarters) _____

Name of authorized person to whom all correspondence is to be sent _____

Address (if different from above)

City, State, Zip

Telephone (if different from above) _____ Fax (if different from above) _____

E-mail _____

A majority of all Exhibitor correspondence will be via email.

Cancellation Policy:

There is no refund of exhibitor and/or contribution fees after March 13, 2020 – no exceptions. Should the meeting be cancelled for any reason, you will be refunded all contributions and exhibitor fees within 30 days of the cancelled event. The Pediatric Infectious Diseases Update will not be financially responsible for any other expenses or fees incurred by the exhibitor and/or supporter.

Signature of Authorized Company Representative

Date

The Exhibit Fee is \$750. Please follow the link below to pay the exhibit fee.

[35th Pediatric Infectious Diseases Update](#)

Please return this form to hillRubiniac@uams.edu or fax to 501-364-3551. If you need additional information, please contact Ruby Hill at 501-364-3381.

