Exhibitor/Contributor Application
46th Miami Pediatric Nephrology Seminar:
New Advance and Old Controversies

Sponsored by: UNIVERSITY OF MIAMI LEONARD M. MILLER SCHOOL OF MEDICINE
Division of Pediatric Nephrology, Department of Pediatrics

Dates: March 8 – 10, 2019

Location: Royal Palm South Beach Miami
1545 Collins Avenue
Miami Beach, FL 33139
Tel: 305-604-5700

Exhibit Fee Paid/category: ☐ $1,000 (1 day) ☐ $1,500 (2 days) ☐ $2,500 (3 days)

Return application to: Melissa Gonzalez, Division Supervisor/Seminar Coordinator
Division of Pediatric Nephrology
University of Miami Miller School of Medicine
Tel: 305-585-6726 / Fax: 305-585-7025
melgonzalez@med.miami.edu

EXHIBIT APPLICANT MUST COMPLETE THE FOLLOWING: (Please print or type)
1. Name and title of company representative - for ALL correspondence and OFFICIAL EXHIBIT KIT:
   Name: ____________________________Title: ____________________________
   Organization/Affiliation: ________________________________________________
   Address: ______________________________________________________________
   City, State, Zip: _________________________________________________________
   Telephone: (_____) _________________________ FAX (____) ______________________
   Email: ____________________________

2. Official company name as it is to appear in all references to this exhibit.
   ________________________________________________________________

3. We wish to reserve the following:
   ☐ One Table top exhibit
     Company representatives who will attend (limited to two per table top without additional charge):
     1. __________________________________________  2. __________________________ 
     Additional company representatives at $595 per person
     Name(s) __________________________________________
     NOTE: Attendance at session does not entitle exhibitors to receive Continuing Education Credit(s).

4. Please mark below if your exhibit requires an electrical outlet. IF YOU DO NOT REQUEST ONE, IT WILL NOT BE SUPPLIED.
   Outlet requested ☐
   No outlet needed ☐
5. List of products to be exhibited (attach description if possible):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

6. List competitors you DO NOT WISH to be next to or near (if possible):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. List competitors you WISH to be next to or near (if possible):

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The Commercial Supporter and University of Miami Leonard M. Miller School of Medicine’s Division of Continuing Medical Education agree to abide by all requirements of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support of Continuing Medical Education.

The ACCME defines a Commercial Interest as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The ACCME does not consider providers of clinical service directly to patients to be commercial interest.

A LIMITED NUMBER OF BOOTH SPACES ARE AVAILABLE FOR THIS MEETING. IN ORDER TO INSURE YOUR SPACE, COMPLETE THE INFORMATION BELOW AND MAIL, WITH YOUR CHECK, PAYABLE TO: UM PEDIATRIC NEPHROLOGY SEMINARS

REQUESTED BY: _____________________________________________________________
Print –Name of Authorized Company Representative

Organization: ______________________________________________________________________________

Signature: ______________________________________________________________________________

Address: ______________________________________________________________________________

City, State: ______________________________________________________________________________

Zip Code: ____________________________ Country: _________________________________________

Telephone: (____) _________________________________ FAX: (____) ____________________________

Email: ________________________________________________________________________________

SHIPPING ADDRESS (must NOT arrive sooner than 3 days before the conference start date of 3/8/2019):

Royal Palm South Beach Miami
ATTEN: Katherine Molina/Exhibitor's name and company name
1545 Collins Avenue
Miami Beach, FL 33139
Tel: 305-604-5700
FOR: University of Miami Pediatric Nephrology Seminar/Conference Date: _________