**Yes, I wish to reserve an exhibit table at the**

**South Carolina Chapter of the American Academy of Pediatrics**

**Annual Meeting**

**August 8-11, 2019**

**Omni Grove Park Inn – Asheville, North Carolina**

\_\_\_\_\_ Yes, please count on us for the 2019 Annual Meeting. We will participate at the following level:

**\_\_\_\_\_ Platinum $5,000 or more**

**\_\_\_\_\_ Gold $3,000 - $4,000**

**\_\_\_\_\_ Silver $1,500 - $2,500**

**\_\_\_\_\_ Exhibitor $1,200**

\_\_\_\_\_\_ Enclosed is our check in the amount of \_\_\_\_\_\_\_\_\_\_\_.

**(Please make check payable to the SC Chapter of the American Academy of Pediatrics – We do not accept credit cards – Tax ID number – 57-0937831)**

I wish to sponsor the:

\_\_\_\_\_\_ Cookout ($7000)

\_\_\_\_\_\_ Coffee Break in Exhibit Area ($1500)

\_\_\_\_\_\_Continental Breakfast in Exhibit Area ($2200)

\_\_\_\_\_\_Breakfast in Sunday Morning Scientific Session ($1900)

\_\_\_\_\_\_ Reception ($2200)

\_\_\_\_\_\_ Residents Lunch ($1800)

\_\_\_\_\_\_ Unrestricted Educational Grant

**(Please note that if you sponsor an event or give an unrestricted educational grant your exhibit fee is waived.)**

COMPANY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please Print Legibly)

REPRESENTATIVE WHO WILL ATTEND THE MEETING:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please return this form as soon as possible to:

SC Chapter of the American Academy of Pediatrics

Post Office Box 11188

Columbia, SC 29211

Attn: Debbie Shealy Phone: (803)798-6207-ext.223 Fax: (803)772-6783