



NJ Chapter, American Academy of Pediatrics
50 Millstone Road, Building 200, Suite 130, East Windsor, NJ 08520
EMAIL TO BMULDER@NJAAP.ORG OR FAX TO 609-842-0015

GENERAL INFORMATION

All products and services exhibited must be directly related to the practice and advancement of pediatrics and the education of the NJAAP professional attendees. NJAAP has the right to withhold approval of exhibitor's products and services that in its judgment do not further the educational, scientific, or practice needs of its members and attendees.

CONTACT INFORMATION - ALSO USED FOR LISTING IN PROGRAM GUIDE

Form with fields for Name, Company, Address, City, State, Zip, Telephone, Fax, Email, and Website.

The person signing certifies that he/she has the authority to sign this Contract binding the Sponsor whose name is listed above.

Table with 4 sections: CORPORATE MEMBERSHIP, RESIDENT CAREER DAY - MARCH 15, 2017, SEVENTH ANNUAL CHILDREN'S BALL - APRIL 19, 2017, and NJAAP ANNUAL CONFERENCE & EXHIBITION - MAY 24, 2017. Each section lists items with checkboxes and prices.



SCHOOL HEALTH CONFERENCE - OCTOBER 18, 2017

<input type="checkbox"/> Table Top Set-Up	\$ 1,300.00	<input type="checkbox"/> Bronze Level Advertisements in Program Guide	
<input type="checkbox"/> Table Top Set-Up - Non-Profit Agencies	\$ 650.00	<input type="checkbox"/> Half Page 4- Color	\$ 400.00
<input type="checkbox"/> Raw Space Only Setup	\$ 1,600.00	<input type="checkbox"/> Full Page 4 color	\$ 500.00
<input type="checkbox"/> Raw space - Non-Profit Agencies	\$ 800.00	<input type="checkbox"/> 2 Full Page 4- color	\$ 850.00
<input type="checkbox"/> Platinum Level Luncheon Sponsorship	\$ 8,000.00	<input type="checkbox"/> Inside Front Cover	\$ 600.00
<input type="checkbox"/> Platinum Level Breakfast Sponsorship	\$ 7,500.00	<input type="checkbox"/> Inside Back Cover	\$ 600.00
<input type="checkbox"/> Gold Level Break Sponsorship	\$ 4,500.00	<input type="checkbox"/> Bronze Level Corporate Collateral Insertion *	
<input type="checkbox"/> Gold Level Notepads	\$ 6,000.00	<input type="checkbox"/> Single Page	\$ 500.00
<input type="checkbox"/> Silver Level Attendee Bags	\$ 3,950.00	<input type="checkbox"/> Corporate Brochure	\$ 750.00
<input type="checkbox"/> Silver Level Lanyards	\$ 2,000.00	<input type="checkbox"/> Promotional Item	\$ 850.00

New Jersey Pediatrics Advertising

<input type="checkbox"/> Full Page	\$ 750.00	<input type="checkbox"/> Back Cover	\$ 950.00
<input type="checkbox"/> Half Page	\$ 450.00	<input type="checkbox"/> Mailing Sponsorship	\$ 2,000.00

E-Advertising

<input type="checkbox"/> Standalone E-blast	\$ 600.00	<input type="checkbox"/> E-News (bi-weekly)	
<input type="checkbox"/> Standalone E-blast (Non-Profit)	\$ 350.00	<input type="checkbox"/> One-Time	\$ 500.00
<input type="checkbox"/> Standalone (4 weeks)	\$ 1,500.00	<input type="checkbox"/> One-Time (Non-Profit)	\$ 250.00
<input type="checkbox"/> NJAAP Website	\$ 3,000.00	<input type="checkbox"/> 3 Issues	\$ 1,250.00
		<input type="checkbox"/> 26 Issues	\$ 12,000.00

		Annual Conf	School Health
Mobile Event App			
Splash Screens	\$ 1,500.00	<input type="checkbox"/>	<input type="checkbox"/>
Banner Ads	\$ 500.00	<input type="checkbox"/>	<input type="checkbox"/>
Sponsor Listing w/ Icon	\$ 1,500.00	<input type="checkbox"/>	<input type="checkbox"/>
Highlighted Exhibitor	\$ 300.00	<input type="checkbox"/>	<input type="checkbox"/>
Interactive Maps	\$ 300.00	<input type="checkbox"/>	<input type="checkbox"/>
Push Notifications	\$ 750.00	<input type="checkbox"/>	<input type="checkbox"/>

Customized Sponsorship Package \$ _____
(invoice will list package items)

I would like to receive additional information about advertising opportunities

Number of included registrations with sponsorship/exhibit*.*

1 2 3 4

. Please refer to the exhibit/sponsor description to determine the number of included registrants.

Additional booth staff needs to be registered at \$100 per person.

Name: _____

Name: _____

Name: _____

Name: _____

Payment Type:

Check (payable to NJAAP)

Credit Card: Visa Master Card American Express

Credit Card #: _____ CSV Code: _____ Exp Date: _____

Signature: _____

Billing address (if different from above)

Address: _____

City: _____ State: _____ Zip: _____