Like many other conferences in 2020, NJAAP’s 29th Annual School Health Conference (October 14th) and the Annual Conference & Exhibition – Re-Stock Your Pediatric Toolbox (November 18th), are being held virtually. NJAAP understands that our pediatric audience is crucial in your efforts to promote your organization. In order to provide you with maximum visibility, NJAAP has developed a virtual exhibitor package that not only offers your organization the opportunity to showcase your products and services during the conferences, but also guarantees exposure separate from these events.

**VIRTUAL EXHIBITOR PACKAGE**

Effective for a period of 6 months (September 2020 – February 2021) and offers a wide range of benefits, including:

- Inclusion of your organization on a Virtual Floor Plan on NJAAP.org
- Company Listing with Company Description and Logo on your own dedicated page on NJAAP.org
- Product/Service Listings with link to your product/services page (PDF, company website etc.) and option to post your own video presentation(s) (virtual exhibitor responsible for all links, videos and other electronic materials)
- Contact information to your dedicated company representative
- Option for ½ hr. Non-CME company presentation on NJAAP Zoom platform during 6 months’ timeframe
- Listing of upcoming company presentations in eNews and on NJAAP’s event calendar
- Attendee Registration list for both events (physical addresses only)
- NJAAP to promote “exhibitor” list in all event materials

**Cost:** $1,200 (Non-Profit $600)

**NJAAP VIRTUAL SPONSORSHIP PACKAGE**

Includes all items in the Virtual Exhibitor Package plus:

- Full Page Ad in NJ Pediatrics
- 3 Standalone eBlasts
- 2 Webinar presentations (Non-CME) – includes sponsor logo on all marketing platforms, listing on webinar calendar and registration page
- Sponsor highlights and Thank You during Annual Meeting and School Health Conference
- Option for a break out room for company to present to attendees during “Exhibitor breaks” at SHC and Annual Meeting.

**Cost:** $5,000
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. At the request of NJAAP, an exhibitor shall remove any product or service included in the display for which approval has not been given. Payment is due upon receipt of invoice and all payments are non-refundable. Applications from exhibitors/sponsors who have balances due to NJAAP and its contractors or vendors will not be processed without full payment of delinquent accounts. Cancellations are non-refundable and must be made in writing.

CONTACT INFORMATION - ALSO USED FOR LISTING IN PROGRAM GUIDE

☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other:

Name: ______________________________________________________________________________________________________

Company: ___________________________________________________________________________________________________

Address: ____________________________________________________________________________________________________

City: _______________________________________________________ State: ____________      Zip: __________________

Telephone: _______________________________________________     Fax: _______________________________________

Email: ___________________________________________________      Website: _________________________________________

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

☐ Virtual Exhibit Package  $ 1,200.00 ☐ Virtual Exhibit Package (Non-Profit) $ 600.00

☐ Virtual Sponsorship Package  $ 5,000.00

Payment Type:

☐ Credit Card: ☐ Visa   ☐ Master Card   ☐ American Express

Credit Card #: ________________________________________________ CSV Code: _________   Exp Date:________

Billing address (if different from above)

Address: ____________________________________________________________________________________________________

City: _______________________________________________________ State: ____________      Zip: __________________

Signature: ___________________________________________________________________________________________________