



Children's Hospital Colorado

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Exhibitor Reply Form
39th Annual Pediatric Infectious Diseases Update
July 31-August 5, 2022

Company Name _____
(as you would like it to appear in the acknowledgements)

Address _____

City _____ State _____ Zip _____

(Virtual exhibit space is available first come first served)

Exhibit Space Required **Yes** **No** *(double click on the box)*

Products/educational content to be exhibited include: _____

Please indicate Exhibit preference **One-day exhibit: \$1250**
 Two-day exhibit: \$2500
 Three-day exhibit: \$3000 (Monday-Wednesday)

Please list days attending (one and two day exhibits only): _____

Full name(s) and email (s) of representative(s) attending the conference: _____

Authorizing Representative _____
(Signature)

Title _____

Telephone _____ Email _____

Return this form by July 6 to:
Kris Beam, Conference Coordinator
Infectious Diseases Department
Children's Hospital Colorado

kris.beam@childrenscolorado.org



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