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Children's Hospital Colorado		
	Exhibitor Reply Form	
	40 th Annual Pediatric Infectious Diseases Update	
	July 30 - August 4, 2023	
Company Name		
· · · ·	(as you would like it to appear in the acknowledgements)	
Address		
0 1		
City	State Zip	
Exhibit Space Require	red Yes No (double click on the box)	
Droducto/oducational	content to be exhibited include:	
i ioducis/educational	content to be exhibited include:	
Please indicate Exhib	bit preference One-day exhibit: \$1250	
	Two-day exhibit: \$2500	
	Three-day exhibit: \$3000 (Monday-Wedne	sday)
		3,
Full name(s) and ema	ail (s) of representative(s) attending the conference:	
Authorizing Represe	ntative	
Authorizing Represe	ntative	
Authorizing Represe	entative(Signature)	
Authorizing Represe	entative(Signature)	
	entative	
	FAX Return this form by July 5 to:	
	FAX <i>Return this form by July 5 to:</i> Kris Beam, Conference Coordinator	
	FAX <i>Return this form by July 5 to:</i> Kris Beam, Conference Coordinator Infectious Diseases Department	
	FAX <i>Return this form by July 5 to:</i> Kris Beam, Conference Coordinator	
	FAX <i>Return this form by July 5 to:</i> Kris Beam, Conference Coordinator Infectious Diseases Department Children's Hospital Colorado	
Telephone	FAX Return this form by July 5 to: Kris Beam, Conference Coordinator Infectious Diseases Department Children's Hospital Colorado <u>kris.beam@childrenscolorado.org</u>	
Telephone	FAX <i>Return this form by July 5 to:</i> Kris Beam, Conference Coordinator Infectious Diseases Department Children's Hospital Colorado	