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	Exhibitor Reply Form
	25 th Annual Pediatric Infectious Diseases Update November 1, 2023
Company Name	(as you would like it to appear in the acknowledgements)
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City	State Zip
	content to be exhibited include:
Full hame(s) and emain	
Authorizing Represen	ntative(Signature)
Title	(Signature)
Telephone	FAX
	<i>Return this form by October 20, 2023 to:</i> Kris Beam, Conference Coordinator
	Infectious Diseases Department Children's Hospital Colorado
	kris beam@childrenscolorado org



