



Children's Hospital Colorado

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Exhibitor Reply Form
26th Annual Pediatric Infectious Diseases
Update October 30, 2024

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

Address _____

City _____ State _____ Zip _____

Exhibit Space Required **One-day exhibit: \$750**

Products/educational content to be exhibited include: _____

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

Authorizing Representative _____
(Signature)

Title _____

Telephone _____ FAX _____

Return this form by October 18, 2024
to: Kris Beam, Conference Coordinator
Infectious Diseases Department
Children's Hospital Colorado

kris.beam@childrenscolorado.org

