



*Kelani Joelle,
4 months*

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When and Where

The Union League of Philadelphia
140 South Broad Street
Philadelphia, PA 19102
Tuesday, June 7, 2022

Contact

Catrice Butler
butlerca@chop.edu
267-426-0374

Exhibitor Registration Deadline

Friday, April 22, 2022

Exhibit Date and Times

Tuesday, June 7, 2022
7 a.m. — 4 p.m.

**Please contact us
to reserve your space
as soon as possible.**

Eighth Annual Children's Hospital of Philadelphia Virtual Chronic Lung Disease Conference

Exhibit Information (includes in-person and virtual)

In-person Exhibit

- One display table in exhibit hall; company name on vendor recognition signage; breakfast and lunch for two company representatives
- Time has been allotted in the agenda for attendees to visit the exhibit halls. Space will be assigned on a first-come, first-served basis.

Virtual Exhibit (available throughout the conference)

Logo*

(high-res, EPS or transparent PNG preferred)

Color Palette or Branding Package*

(most importantly, PMS or HEX numbers)

Organization Description

(350 words or less)

Link to Website*

Promo Videos*

(Vimeo, YouTube Link or .mp4 Video Files)

**Required*

Question Submission

(Email required to receive questions. There can be multiple recipients.)

Live Connect link

Client to provide; can be any platform of their choice (Zoom, Webex, Microsoft Teams, etc.)

Downloads

*5 maximum, must be 5MB or smaller
Please name the file as you would like it to display on the website*

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Exhibitor Registration

Company Name: _____

Contact Person: _____

Email: _____ Phone: _____

Mailing Address: _____

City State ZIP

Exhibitor Name(s) Attending: Exhibitor Email(s):

Exhibitors will be provided a 6-foot skirted table and two chairs.

Exhibit Fee:

☐ Exhibit Table \$650

Will you be creating a virtual platform? Yes ☐ No ☐

(If yes, assets are due on Friday, April 29, 2022)

Method of Payment (CHOP Tax I.D.#: 23-1352166)

Please make check payable to: Children's Hospital of Philadelphia (CHOP)

Credit Card: ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Name as it appears on credit card: _____

Credit Card #: _____ Expiration Date: _____

Please complete and mail exhibitor registration form with payment to:

Catrice Butler, CME Department, Children's Hospital of Philadelphia
34th Street & Civic Center Blvd., Philadelphia, PA 19104
Phone: 267-426-0374 • Fax: 215-590-4342 • Email: butlerca@chop.edu

Children's Hospital of Philadelphia abides by strict policies that apply to all hospital personnel and all vendors and exhibitors at its continuing medical education (CME) activities. These policies are intended to ensure the integrity of every CME activity and to comply with the Accreditation Council for Continuing Medical Education (ACCME) "Standards for Commercial Support — Standards to Ensure the Independence of CME Activities" compliance criteria.