



August 28, 2019

RE: 21<sup>st</sup> Annual Pediatric Subspecialty for the Primary Care Provider

Dear Representative:

Plans are rapidly moving forward for the 21<sup>st</sup> Annual Pediatric Subspecialty conference to be held December 6, 2019 at the Flix Brewhouse, 2200 South IH35, Hester's Crossing, Round Rock, and TX 78681. **A Webb Roberts Center for Continuing Medical Education of Baylor Scott & White Health** would like to extend an invitation for you to exhibit during this year's conference.

Please visit the 21<sup>st</sup> Annual Pediatric Subspecialty Conference website at [BSWH.md/PediSubspecialtyRR](http://BSWH.md/PediSubspecialtyRR) for full program information including exhibitor documents.

The symposium will be open to all physicians, physician assistants, nurse practitioners, nurses, respiratory therapists, pharmacists, and other interested healthcare providers. We anticipate (#) of participant attendance.

The exhibit fee is \$500.00 and the exhibit times are 7:45 am – 4:30. Our Federal Tax ID number is 46-3131350. Please make check payable to **Baylor Scott & White Health- A. Webb Roberts Center** and mail to the address below:

Susan Mraz  
A. Webb Roberts Center for Continuing Medical Education  
Baylor Scott & White Health  
MS-26-A229  
2401 S 31<sup>st</sup> Street  
Temple, TX 76508  
**FX 254-724-5456**  
**Email: [susan.mraz@bswhealth.org](mailto:susan.mraz@bswhealth.org)**

To reserve your exhibit space, please complete the attached Exhibit form and return to **[susan.mraz@bswhealth.org](mailto:susan.mraz@bswhealth.org)** or fax to 254-724-1753.

Sincerely,

*Susan Mraz*

Susan Mraz  
The A. Webb Roberts Center for CME  
2401 S 31<sup>st</sup> Street, MS 26-A229  
Temple, TX 76508  
[254-724-5456](tel:254-724-5456)

## EXHIBITOR AGREEMENT

Activity Title:	21 <sup>st</sup> Annual Pediatric Subspecialty for the Primary Care Provider
Activity Date:	December 6, 2019
Activity Location:	Flix Brewhouse, 2200 South IH35, Hesters Crossing, Round Rock, TX 78681

Company Name <i>(as it should appear on acknowledgements)</i>	
Contact Person	
Email Address	
Telephone Number	<b>Office:</b> _____ <b>Cell:</b> _____
Name of Representative(s) Attending	
Exhibit	<p><b>\$ 500</b> Exhibit setup from (date of activity). Each exhibit space includes a 6' table top exhibit space, two chairs, and two name badges.</p> <p><input type="checkbox"/> I need electricity</p> <p><input type="checkbox"/> <b>Special Needs:</b> If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please check here ( ) and we will contact you.</p> <p><input type="checkbox"/> I plan to display products approved as formulary for BSWH:              ___yes ___no ___I don't know          Products planned for display are:</p>
Make check payable to	<p><b>Baylor Scott &amp; White Health</b>  <b>A. Webb Roberts Center for Continuing Medical Education</b>  <b>Federal Tax Identification Number: 46-3131350</b></p>
Mail completed form and check to	<p><b>Susan Mraz</b>, CME Coordinator  <i>A Webb Roberts Center for Continuing Medical Education</i>  <b>2401 S 31<sup>st</sup> Street, MS-26-A229</b>  <b>Temple, TX 76508</b>  <i>Office: 254-724-7609 Direct: 254-724-5456 Fax: 254-724-1753</i>  <b>Susan.Mraz@BSWHealth.org</b></p>
If you prefer to pay by credit card, please visit	<b><a href="http://BSWH.md/PediSubspecialtyRR">BSWH.md/PediSubspecialtyRR</a></b> or <b>contact Susan Mraz above</b>

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Signature of authorized company representative

\_\_\_\_\_  
Printed Name of authorized company representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature AWRC representative

\_\_\_\_\_  
Printed Name of AWRC representative

\_\_\_\_\_  
Date