August 28, 2019

RE: 21st Annual Pediatric Subspecialty for the Primary Care Provider

Dear Representative:

Plans are rapidly moving forward for the 21st 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 21st Annual Pediatric Subspecialty Conference website at 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 31st Street
Temple, TX 76508
FX 254-724-5456
Email: susan.mraz@bswhealth.org

To reserve your exhibit space, please complete the attached Exhibit form and return to susan.mraz@bswhealth.org or fax to 254-724-1753.

Sincerely,

Susan Mraz

Susan Mraz
The A. Webb Roberts Center for CME
2401 S 31st Street, MS 26-A229
Temple, TX 76508
254-724-5456
### EXHIBITOR AGREEMENT

<table>
<thead>
<tr>
<th>Activity Title:</th>
<th>21st Annual Pediatric Subspecialty for the Primary Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Date:</td>
<td>December 6, 2019</td>
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<tr>
<td>Activity Location:</td>
<td>Flix Brewhouse, 2200 South IH35, Hesters Crossing, Round Rock, TX 78681</td>
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<table>
<thead>
<tr>
<th>Company Name (as it should appear on acknowledgements)</th>
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</thead>
<tbody>
<tr>
<td>Contact Person</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td>Office:  Cell:</td>
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<tr>
<td>Name of Representative(s) Attending</td>
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</tbody>
</table>

### Exhibit

- **$ 500**
- Exhibit setup from (date of activity). Each exhibit space includes a 6’ table top exhibit space, two chairs, and two name badges.
- ☐ I need electricity
- ☐ **Special Needs:** 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.
- ☐ I plan to display products approved as formulary for BSWH: 
  - ☐yes  ☐no  ☐I don’t know
  - Products planned for display are:

### Make check payable to

- **Baylor Scott & White Health**
- **A. Webb Roberts Center for Continuing Medical Education**
- Federal Tax Identification Number: 46-3131350

### Mail completed form and check to

- **Susan Mraz, CME Coordinator**
- **A Webb Roberts Center for Continuing Medical Education**
- **2401 S 31st Street, MS-26-A229**
- **Temple, TX 76508**
- **Susan.Mraz@BSWHealth.org**

### If you prefer to pay by credit card, please visit

- **BSWH.md/PediSubspecialtyRR** or contact Susan Mraz above

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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**