



**OCTOBER 25-29, 2019 • NEW ORLEANS** 

SESSIONS NOW BEGIN FRIDAY AFTERNOON

## **AAP**experience MATCH TO





This **opportunity** offers exhibiting companies the chance to add their logo or company name on the raffle card. Participating companies will submit a question that the attendee needs to match to the company/logo correctly in order to receive a stamp. Once the attendee has their card stamped by all participants they will enter their AAP experience Match To Win Raffle Card\* into a daily drawing to win a valuable prize.

\*This opportunity is offered during Exhibit Hall hours (Sat. Sun. and Mon., Oct 25-29, 2019). Each logo block is \$2,000 per day.

## If you are interested in this opportunity please contact:

- Racheal McDonald | Meetings & Exhibits Coordinator rmcdonald@aap.org
- Eva Fujino | Exhibits Manager efujino@aap.org

## **Increase Traffic to** Your Booth With the...



## **Match-to-Win Raffle Application**

Please download application and email to Racheal at rmcdonald@aap.org

Key Contact for Match-to-Win Raff	le:		
Company/Organization Name:			
Key Contact:			
Address:			
City/State/Postal Code/Country:			
Telephone:			
E-mail:			
Selection of Days Participating: NOTE: Each spot per day is \$2,000	Saturday October 26, 2019	Sunday October 27, 2019	Monday October 28, 2019
Question (Limit of 115 characters):			
Question that is based on your company, p answer is the <u>company name</u> . Create a different question for each day th Please email your question and logo to	at you are participating. Racheal at rmcdonald	@aap.org by June 3rd	
<ul> <li>Please be sure to include a logo (vector EPS format or Hi-res JPEG)</li> <li>Participants will receive a proof to review and approve once card is complete.</li> </ul>			
CANCELLATION: All cancellations must be r Cancellations before June 3rd, 2019 are entitle DEADLINE: We need logos and questions	d to a 50% refund. Cance	ellations after June 3rd, 2019 v	vill not be entitled to a refund.
CREDIT CARD			
Please check one:   Visa	☐ Mastercard	☐ American Express	☐ Discover
Card Number:		Exp. Date:	
Name of Cardholder:			
3 digits on back of MC or VISA, 4 digits on to	p right front of AMEX:		
CHECKS Must be made payable to and mailed	d with a copy of the ap	plication to:	
American Academy of Pediatrics	s (Exhibits ) Lockb	ox #776442 350 East D	evon Ave Itasca, IL 60143

Date:

Signature:

<sup>\*</sup>Payment must be submitted to secure raffle spots