INDUSTRY REGISTRATION FORM

Practical Strategies for Obesity: Treatment in Children and Adolescents, May 21, 2027

THIS FORM MUST BE RETURNED TO REGISTER / RESERVE YOUR SPOT

1. COMPANY (HOW YOUR COMPANY WILL BE LISTED AS AN EXHIBITOR FOR THIS EVENT)

Exhibiting/Sponsoring Company

Address:

City: State: Zip: Country:

Phone #:

2. PRIMARY CONTACT (PLEASE PROVIDE INFORMATION FOR MEETING CONTACTS TO RECEIVE ALL MEETING-RELATED CORRESPONDENCE)

Name: Phone #:

Title: Email:

Address: Will primary contact be attending as an exhibitor?

City: State: ◯ Yes ◯ No

Country: Zip:

3. SPONSORSHIP LEVEL (PLEASE SELECT THE SPONSORSHIP LEVEL NOT INCLUDING ANY DISCOUNTS OR INCENTIVES. EXHIBITORS ARE PROVIDED COMPLIMENTARY REGISTRATIONS AS NOTED IN THE INDUSTRY PROSPECTUS)

◯ $2,500 Gold Level

◯ $1,500 Silver Level

1 Register additional Industry Staff at $75

Total $

4. PAYMENT (SELECT YOUR PAYMENT TYPE)

◯ **Credit Card Payment** (**PREFERRED**) is available on the registration website

◯ **ACH or Wire Transfer** (Domestic instructions)

Bank: Wells Fargo Bank, N.A.
420 Montgomery St, San Francisco, CA 94104
ABA#: 121000248 (Domestic only)
Beneficiary: Duke University Concentration Account
Beneficiary Address: 324 Blackwell St., Suite 900, Durham, NC 27701
Account # 2023740253053
Attn: Daren Perez, Pediatric Obesity Symposium
Remittance must be sent to confirm/process payment

5. ATTENDEES (COMPLETE ALL INFORMATION FOR REGISTRATION PURPOSES; ATTACH ADDITIONAL SHEETS, IF NECESSARY)

Complimentary attendees:

(1) Name

Title:

Email Address:

City: State:

Phone #:

(2) Name:

Title:

Email Address:

City: State:

Phone #:

Additional attendees (you must pay the additional cost)

(1) Name:

Title:

Email Address:

City: State:

Phone #:

(2) Name:

Title:

Email Address:

City: State:

Phone #:

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6. COMPANY INFORMATION (PLEASE INCLUDE INFORMATION TO BE DISPLAYED ON THE COURSE WEBSITE, MARKETING, AND MATERIALS.)

Company Description (PLEASE BE BRIEF; YOU ARE LIMITED TO 300 CHARACTERS)

Company Representative (TO BE INCLUDED AS THE PRIMARY CONTACT ON ALL MATERIALS; PLEASE SELECT ONE CONTACT)

Name

Email

Phone #

Company website

If you have exhibited in the past, we will use the logo on file. If there has been a change or you are a new exhibitor, please submit a PNG or JPEG file to susan.charamut@duke.edu. Note: only PNG or JPEG files can be accepted.

7. AGREEMENT & AUTHORIZATION: I am an authorized representative for this company with full power and authority to sign this application for exhibit/sponsorship. The company and its representatives agree to comply with all of the rules and regulations stated in the Industry Prospectus, as well as all policies added after the publication of the prospectus, which we accept as part of the agreement. I consent on behalf of the company and its representatives to allow the information provided here to be included in the course materials, marketing, and website and further consent to the use of any and all photography and video taken during the conference including the company booth and the company's representatives.

Authorized Signature:

Date: