Precision Through Partnership: The Modern Surgical Team | February 7, 2026 Supporter and Exhibitor Pricing Guide

The Office of Continuing Education at Nemours Children's Health takes great pride in offering high-quality, accredited educational events. These events are made possible through the invaluable support of organizations like yours. We are grateful for your trust and contributions to our mission. Please note that exhibitor and supporter opportunities are limited. If you have any questions, feel free to contact the event's coordinator. Thank you for your consideration!

In-Person Exhibit Booth

Includes:

- One six-foot table and chairs.
- Conference registration for up to two representatives.
- Meals and coffee.



Attendee Meal Supporter

Includes:

- Recognition in program materials and signage at supported meal.
- Conference registration for up to two representatives.
- Verbal recognition from the podium during the conference.



Overall Conference Supporter

Includes:

- Recognition in program materials and exclusive on-site signage.
- Three complimentary conference registrations.
- Verbal recognition from the podium during the conference.
- One six-foot table and chairs.



EXHIBIT RULES & REGULATIONS

Exhibitors agree to hold the event's venue and Nemours Children's Health harmless from, and against any and all, claims and damages arising out of exhibitors' negligence or willful misconduct as a result of exhibitors exhibiting at the above-mentioned event. Exhibitors also agree to abide by policies and regulations of the venue.

Standards for Integrity and Independence in Accredited Continuing Education

No materials promoting the goods and/or services of a commercial entity shall be displayed or distributed in the same room immediately before, during, or after an educational activity certified for credit takes place. Representatives of commercial companies may attend an educational activity but may not engage in sales activities while in the room where the educational activity takes place. For more information, visit: https://ce.nemours.org/content/standards-integrity-independence.

Giveaways

Customary descriptive product literature and other items of a modest nature may be distributed. Any giveaway with a value of more than \$25 must be approved by Nemours Children's Health staff. No giveaways of over \$100 will be allowed. No contests, lotteries and/or games of chance allowed.

Food

Any significant food and beverage provided at your exhibit must be ordered through the event's venue. It is permitted to bring in bite-size candy, for example, from the outside, but it is not permitted to bring in more significant food items. If you would like to order food or beverage for your exhibit space, please contact the event's coordinator.

Cancellation Policy

Exhibitor contracts may be cancelled without penalty one month prior to the event date. Written notice must be sent to the event's coordinator. Cancellation after this date will result in forfeiture of exhibitor fee.



Supporter and Exhibitor Registration Form

Event Name:	Precision Through Partnership: Th	ne Modern Surgical Team Febr	ruary 7, 2026	
Company Nar	ne:			
Contact Name	e:			
Phone #: E-mail:				
	pporter and/or exhibitor opportunities you are hat some opportunities are exclusive to one su			
	In-Person Exhibit Booth		\$1,000	
	Attendee Meal Supporter (check one) [] Brea	kfast [] Lunch [] Snack Break	\$2,500	
Overall Conference Supporter			\$5,000	
Amount Due				
In-Person Representatives (# of complimentary registrations dependent on package selected) Representative Name: E-mail:				
Representative Name: E-mail:				
Payment Options				
When your registration form has been approved, the Office of CME will provide you with instructions on how to submit payment using the method you have selected.		Credit Card (Preferred method of p Check via trackable mail option Bank Transfer	·	
Written notic	ON POLICY: This agreement may be cancelled be must be sent to the event's coordinator, Mi of the exhibitor and/or supporter fee.			
	Signature	Date		

 $Please\ email\ this\ signed\ registration\ form\ and/or\ questions\ to\ Michael\ Parker,\ CMP\ at\ michael.parker@nemours.org.$