



INDUSTRY PROSPECTUS

4th ANNUAL MEETING

PTS 2017 CHARLESTON SC

November 2-4, 2017

CHARLESTON MARRIOTT
SOUTH CAROLINA

pediatric trauma society
A Voice for the Injured Child



2017 Industry Prospectus

The Pediatric Trauma Society (PTS) is a professional organization for all health care providers that are interested in improving outcomes for injured children through development of optimal care guidelines, education, research and advocacy.

PTS is the product of the collaborative vision of many pediatric trauma healthcare providers from around the world. Filling a void, PTS is working toward becoming the primary resource for both pediatric and adult trauma care providers to improve pediatric trauma care. Whether the injury occurs on a sports field, in the home, or in an unsettled part of the globe, all PTS members share the vision of improved care for children, as well as exploring options of how to minimize and prevent pediatric trauma in the future.

Our 2016 Annual Meeting included over 375 physicians, physician assistants, advanced practice nurses, registered nurses, trauma program managers, social workers, critical care staff, and first responders. Beginning with our inaugural meeting in 2014, the Annual Meeting has grown each year, and we have continued to expand programming to include a multitude of offerings for all health care practitioners in the pediatric trauma arena. In 2017 we are adding additional programming for EMS services, a trainer's course for rapid response in the care of pediatric trauma, and a private screening of the film "Newtown," seen through the eyes of those involved in the aftermath of the 2012 Sandy Hook Elementary School tragedy in Connecticut. The lead EMS doctor from Danbury Hospital, William Begg, MD, and the film's Director Kim Snyder are both attending and will host a roundtable discussion following the screening of the film.

The Pediatric Trauma Society is pleased to invite our industry partners to participate in the Society's 4th Annual Meeting. As you review the prospectus, many Educational and Marketing Support Opportunities are available for you to support. If you are interested in any potential partnership opportunities not listed here, please do not hesitate to inquire, as we continue to expand our portfolio of partner offerings as our Society and our Annual Meeting grows.

Visit our website, www.pediatrictraumasociety.org

We thank you in advance and look forward to seeing you in Charleston this fall!

Sincerely,

Jonathan Groner, MD
President

All Industry and Exhibition Inquires:

Yvonne Grunebaum
PTS Directory of Industry Relations
(978) 927-8330



MARKETING SUPPORT OPPORTUNITIES

PLATINUM SUPPORTER (EXCLUSIVE OFFER)

Support Level

\$15,000

Satellite Symposium offered on Saturday (as listed below), dedicated signage and listing in all meeting communication materials (print and electronic), your company name prominently displayed on the Annual Meetings page of the PTS website.

GOLD SUPPORTER

Support Level

\$10,000

Shared signage and listing in all meeting communication materials (print and electronic) with other Gold Supporters, your company name prominently displayed on the Annual Meetings page of the PTS website.

SILVER SUPPORTER

Support Level

\$5,000

Shared signage and listing in all meeting communication materials (print and electronic) with other Silver Supporters.

ADDITIONAL MARKETING OPPORTUNITIES

Satellite Symposium*

\$10,000

An Industry-supported Satellite Symposium is available for lunch during the Meeting. Symposia support includes meeting space, two (2) complimentary meeting registrations, two (2) complimentary tickets to the Welcome Reception, acknowledgement in meeting publications, promotional materials and onsite signage, an invitation produced by the sponsor to be included with attendee registration materials, poster in registration area with optional table for onsite registration, pre-registration mailing labels for attendee mailings and one complimentary blast email to the Pediatric Trauma Society pre-registration list (mailing pieces must be approved before releasing labels). Food and audio visual is at the expense of the supporting company.

EDUCATIONAL GRANT OPPORTUNITIES

Welcome Reception

\$15,000

The Welcome Reception will be held in the Exhibit Hall on Friday evening. Support includes signage in the display area and in promotional materials.

Coffee Breaks

\$3,000/day

The company providing support for this part of the meeting will have signage at the coffee break acknowledging their support.



EXHIBIT OPPORTUNITIES

TABLE TOP DISPLAY \$1,500

Inquire about our non-profit discount!

The Exhibit Hall is located in the **Crystal ABC room**. Each display includes:

- ✓ One 6' x 30" skirted table and two chairs in the Exhibit Hall
- ✓ Recognition of your support in the program, the PTS website, and the PTS newsletter
- ✓ Two complimentary exhibitor badge registrations. All registered representatives are invited to attend scientific sessions.
- ✓ Two complimentary tickets to the Welcome Reception.

EXHIBIT HOURS*

Friday, November 3 7:30 am – 6:00 pm**
Saturday, November 4 7:30 am – 2:30 pm

*Times are based on preliminary program and are subject to change

**Welcome Reception in the Exhibit Hall

FOOD FUNCTIONS IN EXHIBIT AREA

Continental Breakfast, as well as coffee breaks, will be served in the exhibit area daily. The Friday evening Welcome Reception will also take place in the exhibit hall.

EXHIBITION FEES AND PAYMENT

A 50% deposit of the contracted space should be forwarded with the Application for Exhibit Space. The balance must be paid by July 31, 2017. Checks should be made payable to the Pediatric Trauma Society and mailed to:

Pediatric Trauma Society
500 Cummings Center – Suite 4400
Beverly, MA 01915

*APPLICATION INFORMATION

A completed application form, copy of the proposed program (including titles and invited faculty), and the appropriate symposium fee must be received **NO LATER THAN July 31, 2017**. Time slots and rooms are assigned on a first-come, first-served basis. Applications will be accepted after July 31st on a space available basis. Applications will not be processed without the symposium fee. The program to be presented will be reviewed and you will be notified no later than July 31st of the decision. The symposium fee will be processed upon acceptance of your application. Acceptance letters will be sent to companies with appropriate details. Cancellations received on or before July 31st are subject to a 50% cancellation fee. Cancellations received after July 31st or if space has been assigned, no refunds will be made. Remit payment to:

Pediatric Trauma Society
500 Cummings Center – Suite 4400
Beverly, MA 01915

REGULATIONS

Although compliance with the AMA's Ethical Opinion of Gifts to Physicians from Industry is the responsibility of the individual physician, every effort should be made to ensure that attendees are not put in a situation that would violate these guidelines. Approval of proposed symposia will be based on these and other regulations.

PROMOTIONAL REGULATION

All promotional material for satellite symposia must include the following statement:

"This session is an industry supported satellite symposium and is not part of the PTS Annual Meeting accredited program."

REFUNDS AND CANCELLATIONS

Cancellations received on or before July 31st are subject to a 50% cancellation fee. Cancellations received after July 31st or if space has been assigned, no refunds will be made

INSTALLATION OF EXHIBITS

The exhibit area will be available for set-up from 2:00 pm – 5:30 pm on Thursday, November 2, 2017. All exhibits must be set by 7:00 am on Friday, November 3, 2016 without exception. Assembly of exhibits during regularly scheduled exhibit hours will not be permitted.

DISMANTLING OF EXHIBITS

All exhibits must remain intact until the official closing time of 2:30 pm on Saturday, November 4, 2017, and may not be dismantled or removed, in whole or in part, before that time. After the close of exhibits, all materials must be removed no later than 5:00 pm on Saturday, November 4, 2017.

SPACE ASSIGNMENT

Exhibit assignments will be made on a space available basis. Exhibitors wishing to avoid assignment of space adjacent to a particular company should indicate this on their application. Careful consideration will be given to such requests. The Pediatric Trauma Society reserves the right to alter the exhibit floor plan at any time.

SOCIAL PROGRAM

All exhibitors are welcome to attend the Friday evening Welcome Reception in the Crystal ABC room.

SERVICE KIT

The Service Kit will be available online approximately 3 months before the meeting. You will be notified when it is available. It will include:

- Shipping instructions
- Badge registration information
- Housing registration information
- Power and internet ordering information
- Any additional exhibitor needs

HOTEL ACCOMMODATIONS

Rooms are reserved at the Charleston Marriott in Charleston, South Carolina. The online reservation link will be available in the online service kit in August 2017.

EXHIBIT PERSONNEL

All exhibit personnel must be registered. Each person will be issued an exhibitor badge and must be employed by the Exhibitor or have a direct business affiliation. Each company is allotted two (2) badges per exhibit space purchased. Additional badges are available for \$100 per badge. An exhibitors badge allows the exhibitor access to the scientific sessions.

INFRINGEMENT

Interviews, demonstrations and the distribution of literature or samples must be made within the area assigned to the exhibitor. Canvassing or distribution of advertising matter outside the exhibitor's own space will not be permitted.

CONDUCTING EXHIBITS

Drawings, raffles, and quiz-type contests will not be permitted without prior approval. Electrical or other mechanical apparatus must be muffled so noise does not interfere with other exhibitors. Character of the exhibits is subject to approval of the Society. The right is reserved to refuse applications of concern not meeting standards required or expected, as well as the right to curtail exhibits or parts of exhibits that reflect against the character of the meeting. This applies to displays, literature, advertising, novelties, souvenirs, conduct of persons, etc.

SPECIAL NEEDS

If require special accommodations in order to fully participate in the meeting, please contact the Pediatric Trauma Society office.

FIRE PROTECTION

All materials used in the exhibit area must be flameproof and fire-resistant in order to conform to the local fire ordinances and in accordance with regulations established by the local fire department. Crepe paper or corrugated paper, flameproof or otherwise, will not be permitted. Excelsior or other paper is not to be used in crating merchandise. Display racks, signs, spotlights and special equipment must be approved before use, and all displays are subject to inspection by the Fire Prevention Bureau. Any exhibits or parts thereof found not to be fire-proof may be dismantled. All aisles and exhibits must be kept clear at all times, and fire stations and fire extinguisher equipment are not to be covered or obstructed.

SECURITY

The safekeeping of the exhibitor's property shall remain the responsibility of the exhibitor. It is suggested that companies employ a security guard, at the company's cost, to secure valuable equipment or instruments.

PROTECTION OF THE BUILDING

Exhibitors will be held liable for any damage caused to the convention center property. No material or matter of any kind shall be posted on, tacked, nailed, screwed or otherwise attached to columns, walls, floors or other parts or portions of the buildings or furnishings. Whatever may be necessary to properly protect the building, equipment or furniture will be installed at the expense of the exhibitor.

HAZARDOUS WASTE

Exhibitor assumes responsibility and any liability for removal or disposal of any material considered to be hazardous waste material. Exhibitor also agrees to conform to any local ordinances and regulations concerning the disposal of any and all hazardous waste. Any and all costs incurred in the removal of hazardous waste from the exhibit facility will be the sole responsibility of the exhibitor.

MUTUAL INDEMNIFICATION

Exhibitor and Hotel and PTS agree to indemnify and hold each other and the other's officers, directors, agents and employees harmless against any and all claims, costs and expenses, including reasonable attorney's fees, arising out of or relating to the other's performance under this agreement.

To the fullest extent permitted by law, Exhibitor agrees to protect, indemnify and hold harmless Hotel, PTS and partners, subsidiaries, affiliates, officers, directors, employees and agents from and against any and all Claims arising out of or relating to the Event that is the subject of this Agreement to the extent such Claims are caused by the negligence, gross negligence or intentional misconduct of the Exhibitor; provided, however, that nothing in this indemnification shall require Exhibitor to indemnify any of the other parties for that portion of any Claim arising out of the negligence, gross negligence or intentional misconduct of the Hotel or PTS.

In the event of a dispute over a party's obligation under this indemnification clause, the parties agree to resolve the dispute by mutual agreement of appointed representatives.



EXHIBIT SPACE APPLICATION FORM - PTS 4th Annual Meeting
 Charleston Marriot, Charleston, SC
 November 2-4, 2017

CONTACT INFORMATION

Contact Person will receive all correspondence pertaining to this meeting.

Title

Telephone number _____ Fax number _____

Email address

Company Name

Street Address

City/State/Zip/Country

Website Address

EXHIBIT SPACE:

- 6' x 30" Tabletop \$1,500

50% deposit is due on or before July 31, 2017. After July 31st applications must be accompanied by payment in full.

We would like to be near: _____

We would not like to be near: _____

The Society will make every effort to honor your requests.

COMPANY DESCRIPTION: Describe products and services to be exhibited in 10 words or less. This will allow us to determine your company's eligibility to exhibit.

PROGRAM LISTING: Please email a 50 word description to industry@pediatrictraumasociety.org by August 31, 2017 to be included in the Final Program. Please include:

1. "PTS" in the subject line of your email.
2. Company Name & Mailing Address & Website Address
3. 50 word description

If your description is substantially over 50 words we reserve the right to edit your submission.

PAYMENT METHOD: Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

Check amount enclosed: \$ _____

Secure Fax: 978.524.0461 **This form must be faxed if credit card number is showing. DO NOT EMAIL.**

CREDIT CARD: Amount to be charged: \$ _____

- MasterCard
- Visa
- Amex

Credit Card Number

Expiration Date _____ Security Code _____
 (3-4 #s on front or back of card)

Name as it appears on credit card

Cardholder's Signature

- Please check if credit card billing address is same as contact information at the top of the form.
- If billing address is not the same please enter below.

WIRE TRANSFER – Please call our offices at 978.927.8330 for wiring information.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS AND THIS APPLICATION (FRONT AND BACK). ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT. CONFIRMATION WILL BE SENT ON OR AFTER June 30, 2016.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

PTS Space assignment: _____ Date assigned: _____

EXHIBITOR AGREEMENT FORM (Page 2)

PTS 4th Annual Meeting November 2-4, 2017 – Charleston Marriott, Charleston, SC

The Pediatric Trauma Society and its authorized representatives are hereinafter referred to as "Show Management."

- 1. PAYMENT AND REFUNDS. Applications submitted prior to July 31, 2017 must be accompanied by a deposit in the amount of 50% of the total commitment. ... 2. SPACE RENTAL AND ASSIGNMENT OF LOCATION. Whenever possible, space assignments will be made by Show Management in keeping with the preferences as to location requested by the exhibitor. ... 3. USE OF SPACE, SUBLETTING OF SPACE. No exhibitor shall assign, sublet, or share the space allotted with another business or firm unless approval has been obtained in writing from Show Management. ... 4. EXHIBITORS AUTHORIZED REPRESENTATIVE. Each exhibitor must name one person to be his representative in connection with installation, operation and removal of the firm's exhibit. ... 5. INSTALLATION AND REMOVAL. Show Management reserves the right to fix the time for the installation of a booth prior to the Show opening and for its removal after the conclusion of the Show. ... 6. ARRANGEMENT OF EXHIBITS. Each exhibitor is provided an Official Exhibitor Kit. The Exhibitor Kit describes the type and arrangement of exhibit space and the standard equipment provided by Show Management for booth construction. ... 7. EXHIBITS & PUBLIC POLICY. Each exhibitor is charged with knowledge of all laws, ordinances and regulations pertaining to health, fire prevention and public safety, while participating in this exposition. ... 8. STORAGE OF PACKING CRATES AND BOXES. Exhibitors will not be permitted to store packing crates and boxes in their booths during the exhibit period, but these, when properly marked, will be stored and returned to the booth by service contractors. ... 9. OPERATION OF DISPLAYS. Show Management reserves the right to restrict the operation of, or evict completely, any exhibit which, in its sole opinion, detracts from the general character of the exposition as a whole.

- Direct Sales. No retail sales are permitted within the exhibit area at any time, but orders may be taken for future delivery. ... 10. SOCIAL ACTIVITIES. Exhibitor agrees to withhold sponsoring hospitality suites/rooms or other functions during official show activities, including exhibit hours, social functions, educational seminars and any other related activity scheduled by Show Management. ... 11. LIABILITY AND INSURANCE. All property of the exhibitor remains under his custody and control in transit to and from the exhibit hall and while it is in the confines of the exhibit hall. ... 12. MUTUAL INDEMNIFICATION. To the fullest extent permitted by law, the exhibitor agrees to protect, indemnify, defend and hold harmless the Hotel, and the Hotel's Owner and their respective owners, managers, partners, subsidiaries, affiliates, officers, directors, employees and agents (collectively, the "Hotel Indemnified Parties"). ... The party found to be at fault or responsible for any Claim will be required to indemnify the other party as provided in this section. To the fullest extent permitted by law, the parties agree that a comparative negligence standard will apply to any Claims and each party will be responsible for paying for the portion of the total Claims attributed to its fault. ... 13. CARE OF BUILDING AND EQUIPMENT. Exhibitors or their agents shall not injure or deface any part of the exhibit building, the booths, or booth contents or show equipment and décor. ... 14. AMERICANS WITH DISABILITIES ACT. Exhibitors acknowledge their responsibilities under the Americans with Disabilities Act (hereinafter "Act") to make their booths accessible to handicapped persons. ... 15. OTHER REGULATIONS. Any and all matters not specifically covered by the preceding rules and regulations shall be subject solely to the decision of Show Management. SHOW MANAGEMENT SHALL HAVE FULL POWER TO INTERPRET, AMEND, AND ENFORCE THESE RULES AND REGULATION, PROVIDED EXHIBITORS RECEIVE NOTICE OF ANY AMENDMENTS WHEN MADE. EACH EXHIBITOR AND ITS EMPLOYEES AGREES TO ABIDE BY THE FOREGOING RULES AND REGULATIONS AND BY ANY AMENDMENTS OR ADDITIONS THERETO IN CONFORMANCE WITH THE PRECEDING SENTENCE. EXHIBITORS OR THEIR REPRESENTATIVES WHO FAIL TO OBSERVE THESE CONDITIONS OF CONTRACT OR WHO, IN THE OPINION OF SHOW MANAGEMENT, CONDUCT THEMSELVES UNETHICALLY MAY IMMEDIATELY BE DISMISSED FROM THE EXHIBIT AREA WITHOUT REFUND OR OTHER APPEAL.

AUTHORIZED SIGNATURE/ DATE

TITLE



EDUCATIONAL GRANT SUPPORT & MARKETING OPPORTUNITIES AGREEMENT FORM

Exhibitor / Supporter _____
 Contact: _____ Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Telephone: _____ Fax: _____ Email: _____

Please complete and return form to Secure Fax: 978-524-0461

Please select your support activities below

ADVERTISING/MARKETING OPPORTUNITIES	EDUCATIONAL GRANT SUPPORT OPPORTUNITIES
<input type="checkbox"/> Industry Supported Symposium \$10,000 (please complete form on next page)	<input type="checkbox"/> Coffee Break \$3,000/day <input type="checkbox"/> Welcome Reception \$15,000

PAYMENT METHOD

Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

- Check: Amount Enclosed \$ _____
- Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.**
- Credit Card: Amount to be charged \$ _____
 - Master Card
 - Amex
 - Visa

Card Number: _____

Expiration Date: _____ Sec Code: _____
 (3-4 #s on back of card)

 Name as it appears on the card

 Cardholder's Signature

- Please check if credit card billing address is same as contact information at the top of the form.
- If billing address is not the same please enter below.

Address: _____ City/State/Postal Code /Country _____

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.

Once the Pediatric Trauma Society receives your grant opportunities request form you will be notified regarding approval of your request. Supporters are required to complete an approved Letter of Agreement for all CME activities. If a supporting company requires its own Letter of Agreement, that agreement must be submitted for approval.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

SATELLITE SYMPOSIA

Company Name _____

Contact Name _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please complete and return form to Secure Fax: 978-524-0461

REQUESTED DAY/DATE and TIME OF MEETING

- Saturday 11:30 am – 12:45 pm *

ROOM SET

- | | |
|--|---|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Banquet (rounds) |
| <input type="checkbox"/> Theater | <input type="checkbox"/> Podium |
| <input type="checkbox"/> Hollow Square | <input type="checkbox"/> Head table # ppl |
| <input type="checkbox"/> Reception | <input type="checkbox"/> U-shape |

FUNCTION TYPE

- Symposium \$10,000

EXPECTED ATTENDANCE: _____

Once space has been assigned and confirmed by PTS you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. You are responsible for all charges to the facility. Cancellations received before June 30th, the company will be liable for a 50% processing fee. For any cancellations received after July 31st, refunds will not be given.

*times are based on preliminary programs and are subject to change

PAYMENT METHOD

Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

- Check: Amount Enclosed \$ _____
- Secure Fax: 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL**
- Credit Card: Amount to be charged \$ _____
 - Master Card
 - Visa

Card Number: _____

Expiration Date: _____ Sec Code: _____
(3-4 #s on back of card)

Name as it appears on the card

Cardholder's Signature

- Please check if credit card billing address is same as contact information at the top of the form.
- If billing address is not the same please enter below.

Address: _____ City/State/Postal Code /Country _____

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.

Once the Pediatric Trauma Society receives your grant opportunities request form you will be notified regarding approval of your request. Supporters are required to complete an approved Letter of Agreement for all CME activities. If a supporting company requires its own Letter of Agreement, that agreement must be submitted for approval.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

PTS Annual Meeting 2017 Floorplan

PTS 17
11/2/17-11/4/17
Marriott Charleston, SC

