

DOCTOR'S BAG ORDER FORM

A high-profile advertising opportunity delivered directly to the attendees at the AAP meeting and headquarter hotel, this is the first meeting related material attendees will see each day. Product samples, brochures, and invites are all welcome.

RATES*

Distribution day	Cost
One day	\$5,500 net
Two-day package	\$10,000 net

*Bags limited to a maximum of 20 inserts.

CLOSING DATES

Space	Inserts due
7/23	8/3

QUANTITY

6,200 per day, include 5% overage.

Sales contact

Advertising sales office
The Walchli Tauber Group, Inc.
2225 Old Emmorton Road, Suite 201
Bel Air, MD 21015
Tel (443) 512-8899
Fax (443) 512-8909
www.wt-group.com

Joe Frank, Jr., MSB
National Advertising Sales Manager
Extension 114
joseph.frank@wt-group.com

DISTRIBUTION

Takes place on Saturday and Sunday. AAP will personally hand your sample, brochure, invite, and/or visual aid to registered attendees of the Conference. Distributed via hand-out personnel in high-traffic areas throughout the Convention Center.

MECHANICAL SPECIFICATIONS

Inserts not to exceed 8-1/2" x 11" and two leaves. Maximum weight of 4 ounces. Product samples approved by the AAP are welcome.



2020 AAP NATIONAL CONFERENCE & EXHIBITION

Doctor's Bag Advertising Terms

How to reserve

1. Submit the AAP National Conference & Exhibition Doctor's Bag Agreement (page 3) to the Walchli Tauber Group, Inc. (WTG) by July 23, 2020.
 2. Send the Agreement and insert proof to the WTG by July 27, 2020.
 3. WTG will obtain approval of the ad from AAP and notify you within two business days of submission. If changes are necessary, you must submit the corrected insert for final approval.
 4. Once approved, inserts must be shipped to arrive by August 3, 2020.
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Shipping address

Ridge Printing
Attn: Debbie Gildeleon
8900 Yellow Brick Road
Baltimore, MD 21237
(410) 668-4780

Shipping instructions

1. All Pallets must measure 48" X 40" and not be stacked higher than 60" high.
 2. Individual cartons are not to exceed 60 pounds.
 3. Multiple items are not to be packaged in the same carton.
 4. Full cartons should contain the same quantity of inserts.
 5. Partial cartons should be distinguished from full cartons and be located on top of the shipment and marked as "partial carton."
 6. All cartons should be labeled with the following information:
 - American Academy of Pediatrics, National Conference & Exhibition
 - Distribution date (Saturday/Sunday)
 - Company name, product, and insert/ad title
 - Quantity per carton, number of carton
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Terms and conditions

1. Payment may be made by credit card (Master Card or Visa only), check paid directly to The Walchli Tauber Group, Inc. (WTG).
2. All sales are on a first come first served basis. No cancellations accepted.
3. All rates are net prices.
4. AAP has contracted for bag distribution to meeting attendees. AAP and WTG cannot guarantee all attendees will receive the doctors bag.
5. Please be sure to submit 5% to 10% overs so all bags can contain your materials.
6. Inserts should not exceed 8 ½ x 11 inches and 4 ounces. Call for pricing on larger inserts and product samples.
7. Agreement and materials subject to and contingent upon AAP approval.
8. Please be sure to include the following disclosures on any ad placed for Product Theaters and/or Symposia:
 - Product Theaters: Options depending on whether there are one or two faculty, "The presentation for this Product Theater are not designated for CME credit. This presentation is neither sponsored nor endorsed by the American Academy of Pediatrics."
 - For Symposia: "This symposia is neither sponsored nor endorsed by the American Academy of Pediatrics."

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Doctor's Bag Advertising Agreement

To reserve space, return a signed copy via a secure service to Roland Keve of the Walchli Tauber Group, Inc. at roland.keve@wt-group.com.

Contact information

Agency name: _____ Company/Product: _____
Contact: _____ Title: _____
Phone: _____ Fax: _____
Email: _____ Website: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____

Insert Rates

Number of inserts	Date of delivery	Pricing (6,200 per day)	Total
_____	Saturday, October 3	\$5,500	\$ _____
_____	Sunday, October 4	\$5,500	\$ _____
_____	Two-day package	\$10,000	\$ _____
		Total cost	\$ _____

Payment information

To protect your credit card information, please return completed form by secure email or as an encrypted attachment.

Credit card payment (MasterCard or Visa only)

Number: _____ Expiration date: _____

Name: _____

Billing address: _____

Signature: _____ Amount: _____

WTG invoice

The Walchli Tauber Group will invoice, payable directly to WTG net 30 days.

Acknowledgement

I acknowledge that as an authorized representative of the above stated company, I have received, reviewed and agree to the AAP Doctor's Bag Terms and Conditions (page 2), total cost and method of payment.

Signature: _____ Date: _____

Printed name: _____ Phone: _____