

## DOCTOR'S BAG ORDER FORM

A high-profile advertising opportunity delivered directly to the attendees at the AAP meeting conference hall. This will be the first meeting related material attendees will see each day. Product samples, brochures, and invites are all welcome.

### RATES\*

Distribution day	Cost
One day	\$6,500 net
Two-day package	\$11,000 net

\*Bags limited to a maximum of 20 inserts.

### CLOSING DATES

Space	Inserts due
8/9	8/23

### QUANTITY

6,500 per day, add 5% overage.

### Sales contact

**Advertising sales office**  
 The Walchli Tauber Group, Inc.  
 2225 Old Emmorton Road, Suite 202  
 Bel Air, MD 21015  
 Tel (443) 512-8899  
[www.wt-group.com](http://www.wt-group.com)

Joe Frank, Jr., MSB  
 Multi-Channel Media Director  
 (410) 804-4777  
[joseph.frank@wt-group.com](mailto: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.



SPACE  
CLOSES  
AUG. 9<sup>TH</sup>



# 2024 AAP National Conference & Exhibition

## Doctor's Bag Advertising Terms

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### How to reserve

1. Submit the AAP National Conference & Exhibition Doctor's Bag Agreement (page 3) and insert proof (AAP review and approval) to the Walchli Tauber Group, Inc. (WTG) by August 9, 2024.
2. 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.\*
3. Once approved, inserts must be shipped to arrive by August 23, 2024.

\*Full printing services available if needed, contact WTG for information.

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### Shipping address

Mittera  
Attn: John Hamilton  
Re: American Academy of Pediatrics Doctor Bag  
5656 McDermott Drive  
Berkeley, IL 60163

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### 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% overs so all bags can contain your materials.
6. Inserts should not exceed 8-1/2 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: "The presentation for this Product Theater is not designated for CME credit. This presentation is neither sponsored nor endorsed by the American Academy of Pediatrics."  
For Symposia: "This symposium is not sponsored, endorsed or accredited by the American Academy of Pediatrics."

# 2024 AAP National Conference & Exhibition

## Doctor's Bag Advertising Agreement

To reserve space, return a signed copy via a secure service to Joe Frank of the Walchli Tauber Group, Inc. at joseph.frank@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	Rates	Total
_____	Saturday, September 28	\$6,000	\$ _____
_____	Sunday, September 29	\$6,000	\$ _____
_____	Two-day package	\$10,000	\$ _____
		<b>Total cost</b>	<b>\$ _____</b>

### 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: \_\_\_\_\_