## MASTERS OF

## PEDIATRICFEBRUARY 5-6, 2026DERMATOLOGYMIAMI BEACH, FL



Company Name:	Contact Name:	
Email:	Web Address:	
Address:		Phone:
City: State: Zip: Co	untry:	Fax:
<b>IMPORTANT:</b> Please note that your credit card will not be charged until your lead retrieval request is approved and processed by exhibit management.		
Lead Retrieval (One Handheld Device)	<b>\$400.00</b> 16, 2026, Cost \$500)	Total Amount Due:
Lead Retrieval (3 Licenses Mobile App) (after January 3	<b>\$400.00</b> 23, 2026, Cost \$500)	Office Use Only:
Any additional License (Mobile App Only) \$100.00		
Payment Information   Payment in full must accompany this application.   Mastercard Visa   American Express		
Card Number:		
Security Code: Expiration Date:		
Name as it appears on the card:		
Signature:	_Date:	
MASTERS OFPEDIATRICDERMATOLOGYFEBRUARY 5-6, 2026MIAMI BEACH, FL		MAIL FORM TO: ia.aloi@informa.com