



Please provide the information exactly as you wish it to appear in ACP promotional materials. Your program listing in ACP promotional materials is contingent upon receipt of this form prior to the deadline. Changes made after the submission deadline are not guaranteed.

Session Title:

Abbreviated Session Title (**Optional***; max 100 characters)

**For ACP Meeting App only, which can only display 100 characters including spaces in session listings.*

Sponsor/Exhibiting Company:

Theater Date and Time Slot:

Speaker 1

Full Name:

Degree: (ie, MD, DO, FACP, etc.)

City, State:

Speaker 2 (optional)

Full Name:

Degree: (ie, MD, DO, FACP, etc.)

City, State:

Description of Theater Session (**max 50 words**):

Return this form to Sue Galeone, Exhibit Program Coordinator

p: 215-351-2544 | e: sgaleone@acponline.org