American Society of Interventional Pain Physicians

EXHIBITOR APPLICATION

FEBRUARY 22-24, 2019

☐ Neurmodulation Comprehensive Review Course and Cadaver Workshop
☐ Regenerative Medicine Review Course and Hands-on Cadaver Workshop
☐ Intervventional Techniques Review Course and Hands-on Cadaver Workshop

DOUBLETREE BY HILTON HOTEL ORLANDO DOWNTOWN: 60 S Ivanhoe Blvd, Orlando, FL 32804 | 407-425-4455
UNIVERSITY OF CENTRAL FLORIDA: Health Sciences Campus at Lake Nona, 6850 Lake Nona Blvd., Orlando, FL 32827

EXHIBITOR DATES: ☐ Feb 22: DOUBLETREE | ☐ Feb 23-24: UCF

Payment must accompany all applications. Completed forms with credit card payment can be faxed to (270) 554-5394 or e-mailed to Melinda Martin at mmartin@asipp.org. If paying by check, mail form to: 81 Lakeview Drive, Paducah, KY 42001.

Application Date ______________________________

Company Information
(as it will appear on signage)

Company Name ______________________________________________________________________________
Company Contact ____________________________________________________________________________
Address _____________________________________________________________________________________
City, State, ZIP ________________________________________________________________________________
Phone ____________________ Fax ______________________ E-mail ___________________________________
_____________________________________________________________________________________________________________________________________________________

Names of Attending Representatives (Title):
(Two reps included in fee - $100 for each additional representative)

1. ______________________________________________________________________   2. _______________________________________________________________

Additional Names:  _________________________________________________________________________________________________________________________

Check the applicable booth information:

☐ Table Top Exhibit _______ $1,500
☐ Feb 22, 2019: DOUBLETREE (Table and two chairs provided with fee - requests for additional booth items i.e. electricity, etc., should be addressed through the hotel)
☐ Feb 23-24, 2019: UCF (Only exhibitors providing product for use in the lab are allowed to participate in this portion of the course - please mark "Product List" below).

*** NO DISPLAY TABLES ALLOWED IN LAB

Product List

☐

Method of Payment
☐ Check (made payable to ASIPP) ☐ Credit Card: ___MC ___Visa ___AmExpress
☐ Pre-paid with Corporate Membership

Card Number ___________________________________________ Expiration Date _____________ Security Code __________________
Signature ______________________________________________ Name on Card (print)______________________________

Agreement
Signature and submission of this application is considered a binding agreement by the applying company and its representatives to abide by the conditions outlined in this prospectus including all rules and regulations. The signer of this application shall be the sole contact between ASIPP® and applicant company.

Company Contact Signature _____________________________ Print Name ________________________________

For office use only:

Application Received: _______________________________ Amt. of Payment: ______________________________

ASIPP® Approval ____________________________________________