

American Society of Interventional Pain Physicians  
**EXHIBITOR APPLICATION**  
**OCTOBER 5-7, 2018**

- Lumbar Endoscopic Spinal Decompression** Review Course and Hands-On Cadaver Workshop
  - Regenerative Medicine** Review Course and Hands-on Cadaver Workshop
  - Interventional Techniques** Review Course and Hands-on Cadaver Workshop
  - Neuromodulation** Comprehensive Review Course and Cadaver Workshop

**HILTON MEMPHIS:** 939 Ridge Lake Boulevard, Memphis, TN. TEL: 1-901-684-6664 | FAX: 1-901-762-7496

**MERI CENTER:** Medical Education & Research Institute: 44 South Cleveland, Memphis, TN. (901) 722-800 | (800) 360-6374

**EXHIBITOR DATES:**  October 5 - HILTON MEMPHIS |  October 6-7 MERI CENTER

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 \_\_\_\_\_

**Company Product/Service Description**

Please select a company description from below:

- Equipment
- Technology
- Diagnostics/Imaging
- Pharmaceuticals
- Practice Management
- Publisher
- Medical Services
- Other \_\_\_\_\_

**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** \_\_\_\_\_ **X \$1,500.00**

October 5, 2018: HILTON MEMPHIS (*Table and two chairs provided with fee - requests for additional booth items i.e. electricity, etc., should be addressed through the hotel*)

October 6-7, 2018: MERI CENTER (*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 \_\_\_\_\_