

American Society of Interventional Pain Physicians

EXHIBITOR APPLICATION

ASIPP JULY 2017 COURSES

- Comprehensive Interventional Pain Management Review Course: July 24-27, 2017
 - Controlled Substance Management Review Course: July 24-25, 2017
- Coding, Compliance, and Practice Management Review Course: July 26-27, 2017

HYATT CHICAGO MAGNIFICENT MILE, 633 North Saint Clair Street Chicago, IL 60611. (312) 787-1234

EXHIBITOR DATES: July 24-27

Payment must accompany all applications. Completed forms with credit card payment can be faxed to (270) 554-5394 or e-mailed to Kristina Ramey at kramey@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 \$1,000.00

July 24-27 at **Hyatt Chicago Magnificent Mile** (Table and two chairs provided with fee - requests for additional booth items i.e. electricity, etc., should be addressed through the hotel)

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 _____