

American Society of Interventional Pain Physicians

EXHIBITOR APPLICATION

ASIPP JUNE 2017 COURSES

- Vertebral and Sacral Augmentation Review Course and Hands-on Cadaver Workshop: June 16-17, 2017
 - Regenerative Medicine Review Course and Hands-on Cadaver Workshop: June 16-17, 2017
 - Interventional Techniques Review Course and Hands-on Cadaver Workshop: June 16-17, 2017

ROSEN CENTRE HOTEL, 9840 International Drive, Orlando, Florida 32819. (407) 996-9840
UNIVERSITY OF CENTRAL FLORIDA, Health Sciences Campus at Lake Nona, 6850 Lake Nona Blvd., Orlando, FL 32827

EXHIBITOR DATES: June 16 at Rosen Centre Hotel | June 17 at University of Central Florida

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

- June 16, 2017 at Rosen Centre Hotel (Table and two chairs provided with fee - requests for additional booth items i.e. electricity, etc., should be addressed through the hotel)
- June 17, 2017 at University of Central Florida (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 _____