

American Society of Interventional Pain Physicians
EXHIBITOR APPLICATION
FEBRUARY 22-24, 2019

- Neuromodulation** Comprehensive Review Course and Cadaver Workshop
- Regenerative Medicine** Review Course and Hands-on Cadaver Workshop
- Interventional 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 _____

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 _____ **\$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 _____