American Society of Interventional Pain Physicians

EXHIBITOR APPLICATION

NOVEMBER 1-3, 2019

- 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

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

EXHIBITOR DATES: □ November 1 - Hilton Memphis | □ November 1-3 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 ___________________________________

_____________________________________________________________________________________________________________________________________________________

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
  - November 1, 2019: HILTON MEMPHIS (Table and two chairs provided with fee - requests for additional booth items i.e. electricity, etc., should be addressed through the hotel)
  - November 2-3, 2019: 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).

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 ___________________________