

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

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: 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 _____

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**

- 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 _____