

IDAHO PSYCHIATRIC ASSOCIATION
APPLICATION FOR EXHIBIT SPACE
ANNUAL CONFERENCE

TAX ID #82-0467681

Proper completion and submission of this application for exhibit space at the IPA Annual Conference in 2017 shall mean the applicant accepts and agrees to abide by the provisions of this application which is hereby incorporated and made part of this contract as well as such additional rules and regulations that IPA deems necessary provided the latter do not materially alter the exhibitor's contractual rights. A contract for exhibit space shall be completed only after a properly completed application along with a payment in full is received by the convention coordinator.

A payment in full of \$550 must accompany the completed "Application for Exhibit Space". Please make your checks payable to the Idaho Psychiatric Association or include credit card information below. Please fill in the information requested on this form. Retain a copy for your files, and sign and return this application with payment to:

Idaho Psychiatric Association * PO Box 2668 * Boise, Idaho 83701 * Fax 208-344-7903 * Attn: Margy Leach

Exhibit Space April 7 - 8, 2017 Saint Alphonsus RMC, Boise, ID

IPA is hereby authorized to reserve space for our use in the exhibit area of the 2017 IPA Annual Conference

- Our check for \$550.00 is enclosed. Check will come from corporate office in _____ weeks(must arrive prior to meeting).
 Charge my Credit Card - Card No.: _____ Exp Date: __/__/__

V-code _____ Mailing Address for Card _____

Name on Card: _____ Amount to be charged: \$ _____

Signature of Card Holder: _____ Date: _____

Company/Firm Name _____ Telephone # _____

Email _____ Cell phone # _____

Address _____ City, State, Zip _____

Person in Charge of Exhibit _____

Telephone: _____ Email: _____

Address _____ City _____ State _____ Zip _____

Other Company Representative Attending Conference:

Name(s) _____

Address _____ City, State, Zip _____

Telephone _____ Email _____

Signature of person authorized to approve contract

Printed name of authorized signer

Date

For future Conferences, please indicate the name and address of person you wish to receive exhibitor information:

Name _____ Email: _____

Address _____ City _____ State _____ Zip _____