

American Society of Interventional Pain Physicians

# EXHIBITOR APPLICATION

## ASIPP AUGUST 2016 COURSES

- Regenerative Medicine Comprehensive Review Course and Cadaver Workshop August 18-21, 2016
- Controlled Substance Management and Practice Management and Competency Examinations August 18-20, 2016
- Interventional Techniques Hands-on Cadaver Workshop August 20-21, 2016

Caesar's Palace 3570 Las Vegas Blvd., Las Vegas, NV 89109 | Oquendo Center 2425 E. Oquendo Road, Las Vegas, NV 89120

EXHIBITOR DATES: August 18-19, 2016 at Caesar's | August 20-21, 2016 at Oquendo Center

Payment must accompany all applications. Completed forms with credit card payment can be faxed to (270) 554-5394 or e-mailed to tom@asipp.org If paying by check, mail form to: 81 Lakeview Drive, Paducah, KY 42001.

### Company Information (as it will appear on signage)

Company Name \_\_\_\_\_

Company Contact \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Company/Product Description

Please select a company description from below:

- Computer Hardware/Software
- Diagnostics/Imaging
- Regenerative Medicine
- Pharmaceuticals
- Practice Management
- Publisher
- EMR
- 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

- August 18-19, 2016 at Caesar's (Table and two chairs provided with fee - requests for additional booth items i.e. electricity, etc., should be addressed through the hotel)
- August 20-21, 2016 at Oquendo 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).

\*\*\* NO DISPLAY TABLES ALLOWED IN LAB

### Product List

Needles  Radiofrequency Equipment  Discography Equipment  Spinal Cord Stimulation

Other: \_\_\_\_\_

### 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 \_\_\_\_\_