

American Society of Interventional Pain Physicians

# EXHIBITOR APPLICATION

## Comprehensive Review and Cadaver Workshop Imaging, Fluoroscopy, and Radiation Safety

Embassy Suites Phoenix North, Phoenix, Arizona: January 31, 2014.  
Science Care: February 1-2, 2014.

Payment must accompany all applications. Completed forms with credit card payment can be faxed to (270) 554-8987 or e-mailed to paula@thepainmd.com. 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
- Rehab
- Pharmaceuticals
- Practice Management
- Publisher
- Research Products/Supplies
- Medical Equipment
- Other \_\_\_\_\_

### Names of Attending Representatives (Title):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### Check the applicable booth information:

Table Top Exhibit \_\_\_\_\_ X \$500.00 or \_\_\_\_\_ X Free if providing lab product

January 31, 2014 at Embassy Suites Phoenix North.

(only table and two chairs provided with fee - requests for additional booth items i.e. electricity, etc., should be made through the hotel)

Product for Lab

Science Care: February 1-2, 2014

(in order to be the Lab, exhibitors must be providing product for the course - please mark "Product List" below. **There will be NO DISPLAY TABLES.**)

### Product List

Needles       Radiofrequency Equipment       Discography Equipment       Spinal Cord Stimulation

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

**Total Fees:** \$ \_\_\_\_\_

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