

American Society of Interventional Pain Physicians

# Exhibitor Application

**COMPREHENSIVE BOARD REVIEW FOR PAIN MEDICINE AND IPM,  
CONTROLLED SUBSTANCE MANAGEMENT & CODING, COMPLIANCE AND PRACTICE MANAGEMENT REVIEW COURSES**

THE PALMER HOUSE HOTEL, CHICAGO, IL | JULY 19 - JUL 23, 2015

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
- Rehab
- Pharmaceuticals
- Drug Screening
- Practice Management
- Publisher
- Research Products/Supplies
- Medical Equipment
- Other \_\_\_\_\_

**We prefer not to be placed next to or across from any of the following companies**

(completion of this portion is critical as ASIPP will not guarantee last minute placement changes):

**Representative Names (Title):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Check the applicable booth information:**

- 6' Tabletop (July 19- July 23, 2015) \_\_\_\_\_ X \$ 2,000
- 6' Tabletop (July 19 - July 20, 2015) \_\_\_\_\_ X \$ 1,000
- 6' Tabletop (July 22- July 23, 2015) \_\_\_\_\_ X \$ 1,000
- Additional Representatives (Two complimentary per booth) \_\_\_\_\_ X \$ 100

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

**Method of Payment**

- Check (made payable to ASIPP)
- Credit Card: \_\_\_MC \_\_\_Visa \_\_\_AmExpress
- Pre-paid with Corporate Membership (*only one discounted booth - all additional booths @ fees above*)

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 \_\_\_\_\_

Title \_\_\_\_\_ E-Mail \_\_\_\_\_

**For office use only:**

Application Received: \_\_\_\_\_ Amt. of Payment: \_\_\_\_\_ Ack. Sent: \_\_\_\_\_

ASIPP Approval \_\_\_\_\_