

EXHIBITOR APPLICATION

Comprehensive Review and Cadaver Workshop Controlled Substance Competency Course Coding, Compliance, and Practice Management Course

Westin Denver Downtown: Denver, Colorado. October 4-5, 2013.

Science Care: October 5-6, 2013.

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. _____ 3. _____

2. _____ 4. _____

Check the applicable booth information:

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

*Westin Denver Downtown: October 4-5, 2013 for those not at Lab. October 4, 2013 for those going to lab.
(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: October 5-6, 2013

(in order to be the Lab, exhibitors must be providing product for the course - please mark "Product List" below.)

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 _____