

American Society of Interventional Pain Physicians

# EXHIBITOR APPLICATION

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

Renaissance Denver Hotel, Denver, Colorado: November 2 and 3, 2012 for those not at lab.  
Science Care: November 3-4, 2012

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

*Renaissance Denver Hotel: November 2 and 3, 2012 for those not at lab*

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

Table Top Exhibit \_\_\_\_\_ X \$500.00

*Science Care: November 3-4, 2012*

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

Additional Representatives \_\_\_\_\_ X \$100.00

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

**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.

**For office use only:**

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

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