

American Society of Interventional Pain Physicians

Exhibitor Application

Comprehensive Review and Cadaver Workshop

Quendo Center, Las Vegas, NV • November 16-17, 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 booth information:

Table Top Exhibit

Quendo Center - November 16-17, 2013

(in order to exhibit at 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: _____

Signature _____ Date _____

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: _____

ASIPP® Approval _____