

American Society of Interventional Pain Physicians

Exhibitor Application

ASIPP Controlled Substance Management Comprehensive Review Course

The Rosen Centre Hotel - 9840 International Drive, Orlando, FL 32819 - October 17-18, 2014

Payment must accompany all applications. Completed forms with credit card payment can be faxed to (270) 554-5394 or e-mailed to mmartin@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
- Practice Management
- Publisher
- Research Products/Supplies
- Medical Equipment
- Other _____

Names of Attending Representatives (Title):

1. _____ 2. _____

3. _____ 4. _____

8X10 Table Top Exhibit - \$500

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 _____

Title _____ E-Mail _____

For ASIPP use only:

Application Received: _____ Amt. of Payment: _____

KSIPP/INSIPPA Approval _____