

American Society of Interventional Pain Physicians

Exhibitor Application

Comprehensive Review and Cadaver Workshop

Chase Park Plaza, St. Louis • June 20, 2014
St. Louis University Science Center • St. Louis • June 21, 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. _____ 3. _____

2. _____ 4. _____

Check the applicable booth information:

Table Top Exhibit _____ X \$500 or _____ Free if providing lab product on June, 21

Chase Park Plaza - June 20, 2014

(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 Free if providing lab product on June, 21

SLU Science Center - June 21, 2014

(Only exhibitors who are providing products for the hands-on cadaver workshop may exhibit at the SLU Science Center on Saturday, June 21, please mark "Product List" below)

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

For office use only:

Application Received: _____ Amt. of Payment: _____

ASIPP® Approval _____