

American Society of Interventional Pain Physicians

Exhibitor Application

ASIPP Cadaver Workshop

University of Central Florida, Orlando, October 18-19, 2014
Host Hotel: The Rosen Centre Hotel - 9840 International Drive, Orlando, FL 32819

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. _____

Cost: \$500

University of Florida - October 18 and 19, 2014

Table Top Exhibit - (Only companies providing lab product may exhibit and participate lab portion of the course)

**Only exhibitors who are providing products for the hands-on cadaver workshop may exhibit at the University of Central Florida lab facility on Saturday, October 18 and Saturday, October 19 (please mark "Product List" below).*

** Any product brought into the lab must be kept in direct supervision of the company representative(s).*

**All products brought into the lab must be preapproved.*

**No product advertisement or sales can take place inside the lab!*

Product List

Needles Radiofrequency Equipment Discography Equipment Ultrasound Equipment

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.

Company Contact Signature _____ Print Name _____

Title _____ E-Mail _____