

American Society of Interventional Pain Physicians

# Exhibitor Application

## Comprehensive Review and Cadaver Workshop

The Venetian, Las Vegas- February 27, 2015  
3355 South Las Vegas Boulevard, Las Vegas, NV 89109

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. \_\_\_\_\_

**Cost: \$500**

### Check the applicable booth information:

**The Venetian- February 27, 2015**

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

### 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 \_\_\_\_\_