

Kentucky Society of Interventional Pain Physicians

Exhibitor Application

KSIPP ANNUAL MEETING

The Sloan Convention Center • Holiday Inn University Plaza, Bowling Green, KY • October 22, 2011

Payment must accompany all applications. Completed forms with credit card payment can be faxed to (270) 781-2212 or e-mailed to csmith@cumberlandbrainandspine.com

If paying by check, mail form to: 1641 Scottsville Road, Bowling Green, KY 42104

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. _____

Check the applicable booth information:

Table Top Exhibit _____ X \$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 KSIPP and applicant company.

Company Contact Signature _____ Print Name _____

Title _____ E-Mail _____

For office use only:

Application Received: _____ Amt. of Payment: _____

KSIPP Approval _____