

Indiana Society of Interventional Pain Physicians  
Kentucky Society of Interventional Pain Physicians

# Exhibitor Application

INSIPP & KSIPP ANNUAL MEETING

Tropicana Evansville • 421 NW Riverside Dr, Evansville, IN 47708 • September 20, 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

**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/INSIPP Approval \_\_\_\_\_