

American Society of Interventional Pain Physicians

EXHIBITOR APPLICATION

Regenerative Medicine Practical Review and Workshop

The Venetian Hotel and the Oquendo Center, Las Vegas, NV- November 20-21, 2015

Hands-On Cadaver Workshop for IPM Techniques

The Oquendo Center, Las Vegas, NV - November 21, 2015

Payment must accompany all applications. Completed forms with credit card payment can be faxed to (270) 554-5394 or e-mailed to tom@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
- Regenerative Medicine
- Pharmaceuticals
- Practice Management
- Publisher
- EMR
- Other _____

Names of Attending Representatives (Title):

(Two reps included in fee - \$100 for each additional representative)

1. _____ 2. _____

Additional Names: _____

Check the applicable booth information:

Table Top Exhibit _____ X \$500.00

November 20, 2015 at the Venetian Hotel (Table and two chairs provided with fee - requests for additional booth items i.e. electricity, etc., should be addressed through the hotel)

November 21, 2015 at the Oquendo Center (Only exhibitors providing product for use in the lab are allowed to participate in this portion of the course - please mark "Product List" below. *****NO DISPLAY TABLES ALLOWED IN LAB**)

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

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 _____

For office use only:

Application Received: _____ Amt. of Payment: _____

ASIPP® Approval _____