

# IAI 2026 - ST. LOUIS, MISSOURI EXHIBIT RESERVATION FORM



## PLEASE PRINT OR TYPE ALL OF THE FOLLOWING INFORMATION:

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
Country: \_\_\_\_\_ Zip/Mail Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Title: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Web Address: \_\_\_\_\_

## BOOTH RESERVATIONS

Based on the Exhibit Hall Floor Plan, my top three booth location preferences are:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please reserve \_\_\_\_\_ individual booths at \$1,900 USD each. Total: \$ \_\_\_\_\_

Less Non-Refundable Deposit \$100 USD per booth: \_\_\_\_\_

Total Amount Due by 4/30/26: \$ \_\_\_\_\_

Payment in full must be received April 30, 2026. Add \$200 per organization after April 30th and \$250 per organization after May 24, 2026.

## METHOD OF PAYMENT

(Deposit payment must accompany your application form.)

Charge to my: \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ Novus/Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit Code on Back: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Check enclosed. Payable in USD funds to IAI Conference – 2026.

Name of Representative: (Please Print)

Representative's Signature

\_\_\_\_\_  
\_\_\_\_\_

The above individual has read and understands all of the information outlined in the "General Information" section and agrees to Exhibit under those guidelines.



**COPY & RETURN THIS BY FAX OR MAIL TO:**  
**Bill Schade, Exhibit & Sponsor Coordinator, The IAI**  
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Cell: 727-259-3332 Email: [exhibits@theiai.org](mailto:exhibits@theiai.org)  
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