Please Print or Type ALL of the Following Information:

Organization Name:			
	State/Province:		
Country:	Zip/Mail Code:		· · · · · · · · · · · · · · · · · · ·
Contact Name:			· · · · · · · · · · · · · · · · · · ·
Office Phone:		Cell:	· · · · · · · · · · · · · · · · · · ·
E-mail:			· · · · · · · · · · · · · · · · · · ·
Booth Reservat	ions		
Based on the Exhibit Hal	ll Floor Plan, my top three booth loca	tion preferences are:	
1	2	3	
Please reserve	individual booths at \$1,600 US	D each. Total: \$	
Less Non-Refundable D	eposit \$100 USD per booth:		
Total Amount Due by 4/1	9/23: \$		
Payment in full must be i	receive by April 19th, 2023. Add \$20	00 per organization after Ap	ril 19th and \$250 per
organization after May 2	7, 2023.		
Method of Payr	nent		
(Deposit payment must a	accompany your application form.)		
Charge to my:	VISAMasterCard	American Express	Novus/Discover
Credit Card Number:			
Expiration Date:	3 Digit Code on Back:	Billing Zip Cod	le:
Name on Card:			
Check enclosed. Payabl	e in USD funds to IAI Conference -	- 2023	
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:

Candace (Candy) Murray Conference Planner Cell: 407-810-6112

Fax: 407-902-0303 Email: exhibits@theiai.org

www.theiai.org

Mail: IAI

2131 Hollywood Blvd Ste #403

Hollywood, FL, 33020