

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 \$1,800 USD each. Total: \$ _____

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

Total Amount Due by 4/25/25: \$ _____

Payment in full must be received April 25, 2025. Add \$200 per organization after April 25th and \$250 per organization after May 30, 2025.

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 – 2025.

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
2131 Hollywood Blvd., Ste. 403, Hollywood, FL 33020 USA
Cell: 727-259-3332 Email: exhibits@theiai.org
Fax: 407-902-0303 www.theiai.org