

# IHA FALL CONFERENCE EXHIBITOR REGISTRATION

WDM Marriott Hotel, 1250 Jordan Creek Pkwy, WDM, IA 50266

*Exhibitor Day Is Friday, September 24, 2010, 5:00 p.m. to 7:00 p.m.*

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name to be printed on sign \_\_\_\_\_

*(Please type or print clearly)*

\_\_\_\_\_ We would like (number) \_\_\_\_\_ booth(s) at \$325 each. (plus \$20 for electricity, if needed) Each table is eight foot draped, and includes chairs, table and a sign.

\_\_\_\_\_ We cannot attend the convention but wish (number) \_\_\_\_\_ catalog display table space(s) at \$160 per display. (Includes one-half table space.)

\_\_\_\_\_ Yes, we will need electricity at our booth.(Extra \$20 charge)

\_\_\_\_\_ We will provide \$\_\_\_\_\_ to help sponsor the reception.

\_\_\_\_\_ We will provide door prize items, describe below.

Item 1 \_\_\_\_\_ Item 2 \_\_\_\_\_

The following people are to be registered for our company and will need name badges.

*(Please type or print clearly.)*

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

Return this form along with your check as soon as possible, and no later than Sept. 10, 2010. Space is limited, and booths will be assigned on a first-come, first-serve basis.

Please make your check payable to:

***Iowa Hearing Association  
1001 Office Park Road, Suite 105  
West Des Moines, IA 50265***

***Phone: 515/440-6057 Fax: 515/440-6055 e-mail apmstomas@aol.com  
website:iowahearingassociation.org***