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## Application and Contract for Exhibit Space NAD IV Therapies Symposium April 6, 2019

### IVNTP/ IV Nutritional Therapy for Physicians

1. Please type or print clearly on the application
2. Complete all sections and retain a copy for your records\*
3. Credit Card or Check will be accepted:

Fax: **530-272-5190**

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

Contact Person(s) \_\_\_\_\_

Address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Credit card number \_\_\_\_\_ exp date \_\_\_\_\_ code \_\_\_\_\_

Check \_\_\_\_\_

1200.00 USD for **booth space**

This will entitle you to a 8 ft table space

Recognition on the opening power pt.

On conclusion of the seminar per request the list of the attendees and their contact information will be given to you.

Special requests \_\_\_\_\_

\*If electrical or phone lines are needed there maybe an added charge for this service

\* Pending any rules and regulations we need to follow with the location.

I am an authorized representative of the company above with full power and authority to sign and delivery this application. This contract will not become binding until fully executed by both parties (Exhibitor and IVNTP).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Virginia Osborne, ND Senior Instructor**  
**Dan Carter, ND Admin**