

Mail: P.O. Box 1044, Cedar, Ridge, CA 95924 Email: [**info@ivnutritionaltherapy.com**](mailto:info@ivnutritionaltherapy.com)

Phone: 541-777-3356 Website: <http://www.ivnutritionaltherapy.com/> \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application and Contract for Exhibit Space

Toxicology (formerly chelation) IV Seminar: S. CA.

November 9-10, 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:

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

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

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

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

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

 Check \_\_\_\_\_

Make checks payable to: IIVNTP

Send to: IVNTP, P.O. Box 1044, Cedar Ridge, CA 95924

Fax**:** 530-272-5190

\_\_ 1300.00 USD for **booth space \* see additional sponsorships on following page**

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 this will need to be arranged separately with the venue

\* 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Sponsorship opportunity

Morning coffee break **Saturday** \_\_\_\_\_\_\_ $500.00 name placard will be placed at table

Afternoon coffee break **Saturday** \_\_\_\_\_\_\_ $500.00 name placard will be placed at table

Morning coffee break **Sunday** \_\_\_\_\_\_\_ $500.00 name placard will be placed at table