



Mail: P.O. Box 1044, Cedar Ridge, CA 95924  
Phone: 541-777-3356

Email: [info@ivnutritionaltherapy.com](mailto:info@ivnutritionaltherapy.com)  
Website: <http://www.ivnutritionaltherapy.com/>

## Application and Contract for Exhibit Space

### 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

\_\_\_ 1400.00 USD for virtual **booth space \* and 2 min video provided by your company to display at each break**

This will entitle you to 2 min video each break “ table space” or virtual booth

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 \_\_\_\_\_

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