



INTERNATIONAL
IV NUTRITIONAL THERAPY
GLOBAL PHYSICIAN EDUCATION

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Application and Contract for Virtual Exhibit Space* Fundamentals and Clinical Applications IV Seminar San Diego, CA

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

1700.00 USD for **booth space** * see **additional information on following page**

This will entitle you to a 8 ft table space (you are responsible to hotel electric plugins)

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.

Sponsorship opportunity

\$500.00 for Noon lunch hour lecture of choice _____

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

