

IHA EXHIBITOR REGISTRATION

WDM Marriott Hotel, West Des Moines, IA 50266
Exhibitor Day Is Friday, April 3, 2020, 12:00 Noon to 2:00 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 \$360 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 \$180 per display. (Includes one-half table space.)

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

_____ Yes, Include me for lunch. (Extra \$20 charge)

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

_____ We will provide silent auction 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.)

Email Address

Return this form along with your check as soon as possible, and no later than March 23, 2020. 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/Fax: 515/440-6057 e-mail apmsthomas@aol.com
website:iowahearingassociation.org