

IHA EXHIBITOR REGISTRATION

WDM Marriott Hotel, West Des Moines, IA 50266
Exhibitor Day Is Friday, April 26, 2024, 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 \$390 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 \$195 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 April 15, 2024. Space is limited, and booths will be assigned on a first-come, first-serve basis.

Please make your check payable to: PLEASE NOTE NEW ADDRESS.

***Iowa Hearing Association
PO Box 71604, Clive, IA 50325***

***Phone: 515/778-1288 e-mail apmstomas@aol.com
website:iowahearingassociation.org***