

# IHA EXHIBITOR REGISTRATION

WDM Sheraton Hotel, West Des Moines, IA 50266  
*Exhibitor Day Is Friday, September 27, 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 September 18, 2024. Space is limited, and booths will be assigned on a first-come, first-serve basis.

Please make your check payable to:

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

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