

IHA EXHIBITOR REGISTRATION

WDM Marriott Hotel, West Des Moines, IA 50266
Exhibitor Day Is Friday, March 23, 2018, 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 \$350 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 \$175 per display. (Includes one-half table space.)

_____ Yes, we will need electricity at our booth.(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 16, 2018. 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***