

IHCA - ICAL
2009 Workshop Exhibitor
Winter (Boise), Spring (Twin Falls), or Fall (Lewiston)

EXHIBITOR'S REGISTRATION FORM

COMPANY NAME

CONTACT TELEPHONE

COMPANY CONTACT PERSON

CONTACT E-MAIL ADDRESS

COMPANY CONTACT ADDRESS

CITY

STATE

ZIP

*****THREE ATTENDEES ALLOWED WITH EACH BOOTH*****

PERSON ATTENDING SHOW

EMAIL/PHONE (Person Attending)

PERSON ATTENDING SHOW

PERSON ATTENDING SHOW

PLEASE INDICATE WHAT YOU WOULD LIKE TO SPONSOR (PLEASE CIRCLE ONE):

REGISTRATION AREA BOOTH

LUNCHEON

TABLES WILL BE LOCATED IN THE REGISTRATION AREA

A DRAPED TABLE AND A CHAIR WILL BE PROVIDED – YOU WILL NEED TO PROVIDE YOUR OWN SIGN AND BOOTH MATERIALS

WORKSHOP EXHIBITOR FEE: \$500.00

Please check one: Check Enclosed Visa MasterCard

Account Number:

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Expires: _____/_____/_____ (mm/yy) Authorized Signature: _____

Send completed registration form and payment to:

IHCA - ICAL
P.O. BOX 2623
BOISE, ID 83701
FAX: 208-342-6891