INTERNATIONAL ASSOCIATION OF REHABILITATION PROFESSIONALS

VIRGINIA

26th Annual Conference - April 13, 2018

EXHIBITOR REGISTRATION FORM (Please print or type)

COMPANY NAME_____

MAILING ADDRESS _____

CONTACT PERSON_____TELEPHONE NO._____

E-MAIL ADDRESS _____FAX NO_____

NAME OF REP FOR CONFERENCE BADGE:_____

(Official Name Tag must be worn at all times to attend educational seminars, and meals/breaks.) Additional tickets may be purchased for other representatives. See Below.

PLEASE COMPLETE SECTION BELOW:

				Price
( )	Our Exhibit is a table top model with a backdrop not larger than 6 feet ( ) Please check here if electrical access is needed.			$ 300
( )	Please reserve ____ break/meal tickets for additional representative(s) (1 meal per paid table is included in price of table) Name of Representative _____ Name of Representative _____			$ 50 ea
( )	Co-Sponsor Breakfast			$ 300
( )	Sponsor Break			$ 150
( )	Co-Sponsor Lunch			$ 300
( )	Full page ad (8.5 x 11 in)	circle one:	Black & White $125	Color $175
( )	½ page ad (8.5 x5.5 in)	circle one:	Black & White $ 75	Color $125
( )	¼ page ad (4.5 x 2.7 in)	circle one:	Black & White $ 50	Color $100

Total Registration Fee: _____

Total Additional Meal Tickets Fee: _____

Total due: _____

Ads must be black and white and photo ready and sent to dianecote.adams@genexservices.com by 04/04/18.

We hereby apply for exhibitor space at the 2018 IARP VA Conference. We understand that this application must be accompanied with a check covering the selections made above.

_____ _____ _____

Authorized Signature Date Printed Name

PLEASE MAKE YOUR CHECKS PAYABLE TO "IARP VA". PLEASE MAIL YOUR REGISTRATION FORM AND CHECK TO: Phyllis Carmichael, 10401 Colony Village Way #104, North Chesterfield, VA 23237, (804) 731-8113 or if you would like to REGISTER AND PAY VIA CREDIT CARD ONLNE GO TO http://rehabpro.org/events/EventDetails.aspx?id =1070818&group=)