

## Vendor Contract - IAIP Region III Conference 2015

The deadline for IAIP to receive this application, program description, company logo, advertisement (if applicable) and full payment for inclusion in the official convention program is by or on March 1, 2015.

---

Company Name (how you want it printed in the program)

---

Contact Name

---

Address

---

City

State

Zip

---

Phone

Fax

---

E-mail

---

Website:

---

Tag line:

---

Description of the Company and Services (50 Words or Less)

---

---

---

### The Exhibit Schedule

#### Thursday, April 9, 2015

8:00 am – 1:00 pm

3:00 pm – 6:00 pm

6:30 pm – 9:30 pm

Move-in, set-up Booth (in the Crowne Plaza Hotel)

Trade Show

Welcome Party (Award Vendor Door Prizes)

#### Friday, April 10, 2015

10:00 am-2:00 pm

12:00 pm-1:00 pm

2:00 pm–5:00 pm

Trade Show

Lunch with the Vendors (Order Box Lunch Meals)

Tear Down and Dismantle Booth

We offer exhibit space on a first-come, first-serve basis upon receipt of payment and signed contract by: emailing this form to [vmcfalls@tisins.com](mailto:vmcfalls@tisins.com); faxing to 865-824-3808; or, mailing to IPGK; Attn: Region III - 2015 Conference; PO Box 31331; Knoxville TN 37930

Industry Exhibitor table \$150.00 Each

IAIP Local/Council Fund Raiser - \$40.00 Each

Power Source \$25.00

First Wireless Connection Free, second connection \$25.00/each

Corporate IAIP Sponsor \$125.00 Each

Additional tables - \$40.00 Each

Power Strip and/or Extension Cord - \$10.00 Each

Wired Internet Access per machine \$30.00 each

I, \_\_\_\_\_ acknowledge on behalf of my company that this application becomes a contract when signed by me and accepted by IAIP. We understand that the designated exposition decorator, drayage contractor and floor manager are recommended by IAIP. We also understand and recognize that IAIP is in no way liable for actions between the decorator, the drayage contractor, the floor manager and the Exhibitors. We further understand that the rental fee per booth includes only those services as set forth by the exhibit schedule. We agree to comply with the exhibit regulations, instructions and conditions of the contract published on the reverse side of this application and with all the conditions under which facilities at the Crowne Plaza Hotel are provided to IAIP. **The deadline for IAIP to receive this application, program description, company logo, advertisement (if applicable) and full payment for inclusion in the official convention program is by or on March 1, 2015.**

**ENCLOSURES MUST INCLUDE:**

- 50 words or less program description  signed application with payment in full  
 camera-ready logo-BY EMAIL ONLY-in a jpeg form (email to Vivian McFalls, vmcfalls@tisins.com)

<b>Please check all that apply</b>		<b>Cost each</b>	<b>Quantity</b>	<b>total</b>
<input type="checkbox"/>	Corporate Partner Booth- IAIP	125.00		
<input type="checkbox"/>	Industry Booth	150.00		
<input type="checkbox"/>	Local/Council Association Fund Raiser	40.00		
<input type="checkbox"/>	Second Wireless Connection	25.00		
<input type="checkbox"/>	Wired Internet Access per machine	30.00		
<input type="checkbox"/>	Power Source	25.00		
<input type="checkbox"/>	Power Strip and/or extension cord	10.00		
<input type="checkbox"/>	Extra Welcome party tickets	25.00		
<input type="checkbox"/>	Extra Box Lunch – Friday (one is included in the cost of the booth)	10.00		
<input type="checkbox"/>	Exhibitor will be presenting a door prize during Welcome Party			
<input type="checkbox"/>	Exhibitor is IAIP Member			
<b><u>Total Amount: one time fee</u></b>				

**PAYMENT OPTIONS**

**Total Amount: one-time fee to be credited to the following credit card, online checking or PayPal account:  
 Form can be faxed to 865-824-3808 or email: vmcfalls@tisins.com**

- Master Card \_\_\_\_\_  
 Visa \_\_\_\_\_  
 American Express \_\_\_\_\_  
 Discover \_\_\_\_\_  
 3 Digit CVV Code (found on back of card) \_\_\_\_\_

**Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

Billing address for the credit Card \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Electronic Check \_\_\_\_\_  
 Account # \_\_\_\_\_ Bank Routing # \_\_\_\_\_

PayPal Email to send invoice to: \_\_\_\_\_

Business Check Payable: Region III–2015 Annual Conference Mail: IPGK, P O Box 31331, Knoxville TN 37930