

EXHIBITOR REGISTRATION FORM

2007 Annual SUPER Conference on Chiropractic & Pediatrics

September 7-9, 2007 • Sheraton Wild Horse Pass Resort • Phoenix, Arizona

Name of Company _____

Address _____

City _____ State/Province _____ Zip _____

Phone # () _____ Fax () _____

Email Address _____

Product or Service: 75 words or less to be included in the program _____

Contact Person _____

Phone # () _____ Email (important) _____

All exhibits will be held in room directly opposite the meeting room. Continental breakfasts and coffee breaks will be served in the exhibit hall. **Only 20 vendors will be accepted on a first come, first serve basis.** All vendor registrations will receive one ticket to the Western night dinner and entertainment.

Exhibit hours: Friday 7:00 a.m. - 6:00 p.m. (Two refreshment breaks)
Saturday 7:15 a.m. - 5:30 p.m. (Two refreshment breaks)
Sunday 7:15 a.m. - 12: Noon (One refreshment break)

Check Your Choice:

- | | | |
|---|---------|---|
| <input type="checkbox"/> Package 1 | \$800 | 1 table top |
| <input type="checkbox"/> Package 2 | \$1,500 | 2 table tops |
| <input type="checkbox"/> Package 3 | \$900 | 1 table top plus flyer (provided by vendor) in all registrants' binders |

Sponsorship Options:

- | | | |
|---|---------|--|
| <input type="checkbox"/> Platinum Sponsor | \$5,000 | Two table tops, name of company/logo in all advertising, program and on posters prominently displayed at meeting. Banner ad and link to company website will be provided through the Council website from time of payment to end of 2007. Flyer in registrants' binders. |
| <input type="checkbox"/> Gold Sponsor | \$2,500 | One table top plus name of company/logo included in all advertising regarding the meeting as well as in program. Name of company will also be prominently displayed on posters outside meeting room and in refreshment area. Flyer will be included in all registrants' binders. |
| <input type="checkbox"/> Refreshment Sponsor | \$1,200 | One table top plus name will be displayed on easel at one coffee break and listed in the program as a sponsor. |

Payment:

Check Visa/Mastercard American Express

Credit Card # _____ Security Code # (3 digit) _____

Name on Card _____ Expiration date _____ / _____

Signature _____ Today's Date _____

Mail with payment to:

ICA Conference on Chiropractic Pediatrics
1110 N. Glebe Road, Suite 650, Arlington, VA 22201

or FAX with Credit Card info to **703-351-7893**

or CALL **800-423-4690** or **703-528-5000**

