



INOA Annual Training Conference

Vendor Registration Form

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Products to be displayed: _____

Person(s) attending conference: _____

Tentative date & time of: Arrival _____ Departure: _____

Exhibition Booth w/ table & 2 chairs	\$	100.00
(<input type="checkbox"/> Check if you need electricity)		
(<input type="checkbox"/> Check if you would like a secure storage area for overnight)		
_____ Additional table(s) (as available) @ \$100.00 ea	\$	_____
_____ We would like to have our business' website placed as a link on the INOA website. Our business' web address is: _____		FREE
_____ We would like to participate as a sponsor of the hospitality room on Tues / Wed night (\$200; multiple opportunities available each night).....	\$	_____
_____ We would like to make a contribution to INOA to be used to help defray conference expenses.....	\$	_____

Total Enclosed (non-refundable after 3/1) \$ _____

(Most spaces have electrical hook-ups available. However, remember that you must supply your own extension cords, etc. *For safety reasons, we request that you secure any loose wires or cords on the floor with a sturdy tape.*)

Registration Deadline: March 1st

Return the completed registration form with payment to: **INOA, P.O.Box 6040, Des Moines, IA, 50309.**

Door Prize / Drawing Item / Registration Gift:	Retail Value
_____	_____
_____	_____
_____	_____