Exhibitor Form 2010

Together, Everyone Achieves More...Taking the Team Approach

Convention July 19 - 21, 2010 IdELC Day-Long Intensives, July 18, 2010

Organization Name: _____ Contact Person: _____

Email: _____ Phone: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

When registering as an exhibitor, you are limited to only 4 attendees being allowed to attend convention sessions.*

Please list the **name and title** of attendees as they should read on name badges:

(1)_____ (2)_____

(3) _____ (4)_____

**If you have more than 4 attendees who would like to attend convention sessions, please complete the facility/organization registration form and pay the applicable fees.*

List companies you do not wish to be located next to:_____

DOOR PRIZES TO BE GIVEN AWAY AT INDIVIDUAL BOOTH: ❍ YES ❍ NO
Convention attendees will be required to be present to win and your booth will be listed as a "hot spot" in the convention guide (reg & payment rcvd by July 1).

Exhibitor/Sponsor Rates	Rcvd by June 18	Rcvd by July 9	Rcvd AFTER July 9	Total
Member IHCA-ICAL, IdELC, and/or IAHC	$500	$650	$800	
Non-Member	$1,100	$1,250	$1,400	
			TOTAL DUE	

Cancelations received in writing prior to July 1, 2010, are subject to a $200 cancelation fee. No refund or credit after July 1, 2010. If sharing a booth space with another organization, IHCA-ICAL must receive this as a written request. IHCA-ICAL reserves the right to permit or deny such a request.

Send completed registration form and payment to:
IdELC @ IHCA-ICAL
1524 W. Cayuse Creek Drive,
Meridian, ID 83646
Fax: 208-342-6891

PAYMENT INFORMATION

❑ Check Enclosed - Payable to IHCA-ICAL

❑ Please charge my credit card:
❑ VISA ❑ Mastercard

Card Number EXP. Date

Authorized Signature: _____