



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**
 (___ Check if you need electricity)
 (___ 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, c/o Iowa DNE
 215 E. 7th St
 Des Moines, IA, 50319.**

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