

# Reaching Beyond Our Borders 2007

## US & Latin America Exchange on Rehabilitation Issues

Hyatt Regency Cancun- February 1-4, 2007

Exhibitor Application and Contract

Company Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____ Web Site: _____
Phone (area code): _____ - _____	FAX (area code) _____ - _____
Name of Contact Person: _____	E-mail: _____
Title of Contact Person: _____	
Signature of Authorizing Person _____	Date: _____
Person Staffing Exhibit:	_____
Additional Name: (add \$75)	Name _____ Title _____
	Name _____ Title _____

Description of Exhibit Please include below or e-mail (dfarabi@columbus.rr.com) a brief description of your exhibit, not more than 100 words, to include in the Program Directory. US ISPO reserves the right to edit the exhibit description without materially affecting its substance).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Exhibit Fee

#### Registration Amount

- Exhibitor Registration, first person  \$775 \_\_\_\_\_
- Additional person  \$ 75 \_\_\_\_\_
- Friday Night Dinner  \$ 65 \_\_\_\_\_
- Sponsorship Amount  \$ \_\_\_\_\_  
(see separate page)

Exhibitor Registration Includes:  
Exhibiting on February 2 and 3, one exhibit space 6' table, registration for one person, listing in all pre-event promotional materials, listing in Meeting Program, Buffet Breakfasts, Breaks and welcome reception.

Total Amount Enclosed \_\_\_\_\_

Please See Accompanying Form for  
Full Sponsorship Listings

To assure your space, please mail your signed application and check payable to "USISPO" to:

US ISPO  
PO Box 3188  
Dublin OH 43016



Questions? Please call (614) 659-0197 or e-mail  
dfarabi@columbus.rr.com

**United States Member Society**  
International Society for Prosthetics and Orthotics