

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