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Phone: 541-777-3356 Website: <http://www.ivnutritionaltherapy.com/> \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application and Contract for Exhibit Space\*

Fundamentals and Clinical Applications IV Seminar

March 6-9, 2025 Pamona (LA), CA

IVNTP/ IV Nutritional Therapy for Physicians

1. Please type or print clearly on the application

2. Complete all sections and retain a copy for your records\*

3. Credit Card or Check will be accepted:

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Credit card number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp date\_\_\_\_\_\_\_\_\_ code\_\_\_\_\_\_

 Check \_\_\_\_\_

Make checks payable to: IIVNTP

Send to: IVNTP, P.O. Box 1044, Cedar Ridge, CA 95924

Fax**:** 530-272-5190

\_\_ 1900.00 USD for **booth space \* see additional information on following page**

This will entitle you to a 8 ft table space ( you are responsible to hotel electric plugins)

Recognition on the opening power pt.

On conclusion of the seminar per request the list of the attendees and their contact

information will be given to you.

Sponsorship Scholarship opportunity (provides assistance for students and doctors)

1000.00 \_\_\_\_\_ 2500.00\_\_\_\_\_\_\_ 5000.00\_\_\_\_\_\_ 7500.00\_\_\_\_\_\_10,000.00\_\_\_\_\_\_\_

I am an authorized representative of the company above with full power and authority to sign and delivery this application. This contract will not become binding until fully executed by both parties (Exhibitor and IVNTP).

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_