

INPS 12th ANNUAL FALL CONFERENCE

Iowa Nurse Practitioner Society
Marriott Hotel
West Des Moines, IA
Ph: 515-267-1500

EXHIBITOR RESERVATION FORM

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail: _____
Contact Person: _____ Title: _____

_____ **Yes, my organization would like to participate**

_____ **No, my organization is unable to participate**

Exhibit Description:

Full participation includes:

- Wednesday, November 3rd, Thursday, November 4th, and Friday, November, 5th, 2010.
- Pre-conference beginning November 3rd at 1:00 pm.
- \$800 for all three days; 6' X 30" table with back and side curtains, two chairs,
- Snacks, beverages, and a continental breakfast will be available and meals upon request.
- Please contact me. I am interested in providing a conference topic and/or speaker.
- Please contact me to sponsor a meal/break refreshments/or social event.

Payment: This will be completed using a PAYPAL account.

PLEASE RESPOND BY OCTOBER 1, 2010 AT THE LATEST!!!