



Exhibitor Application Form

Please complete details and fax to HBOT2017 at **954.827.0723** or mail to address listed below with your payment.

International Hyperbaric Medical Foundation
Att. Steven Skaggs, D.C.
1802 West 32nd, Suite D,
Joplin, MO 64804

Fax: 954.827.0723

We hereby apply, subject to the Rules & Regulations as detailed on the event website HBOT2017.com/boothcontract.html (Booth Contract) for the space in the exhibit area as follows;

Booth Fees	Sponsorship Fees	Please refer to complete sponsorship details on event website
Standard (6' table top) \$2,220*	Platinum \$4,500 <input type="checkbox"/>	Tote Bag \$750 <input type="checkbox"/>
Deluxe (10 x 10) \$2,950*	Gold \$3,950 <input type="checkbox"/>	Bag; Flyers \$350 <input type="checkbox"/> Products \$450 <input type="checkbox"/>
Super Deluxe (20 x 10) \$4,500*	Silver \$3,500 <input type="checkbox"/>	USB Drive \$950 <input type="checkbox"/> Pens \$550 <input type="checkbox"/>
<small>Fee includes 1 representative for the Standard, 2 representatives at the Deluxe, or 3 for the Super Deluxe. Additional representatives at \$400 for entire conference. Any exhibitor representatives requiring entry to the conference and eligibility for CME credits will be required to pay an additional \$150 (\$550 total) Only badges showing "delegate" will be given access into the main conference.</small>	Action Pads \$2,000 <input type="checkbox"/>	Lanyards \$950 <input type="checkbox"/>
<small>*Exhibit Rental does not include: Drayage, Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Gas, Water, Internet Connection, Telephone Connection. Call Sharon Phillips at 954.540.1286 to discuss your specific requirements.</small>	Show Guide Ads	
	Full Page – Back Cover \$850 <input type="checkbox"/>	
	Full Page – Inside Front \$750 <input type="checkbox"/>	
	Full Page \$550 <input type="checkbox"/>	
	Half Page \$400 <input type="checkbox"/>	
	Quarter page \$250 <input type="checkbox"/>	



Check out the event website for special Corporate Partner incentives with the International Hyperbaric Medical Association and HBOT2017

Website, Show Guide and Other Marketing Collateral	Mailing Information (Please complete Contact Name, Phone, Fax and E-Mail. The remaining information only needs to be completed if different from details on left)
Company Name _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____ Website _____ Company Logo Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No Company Bio Submitted (75 words max) <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name (required) _____ Title _____ Company Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Contact E-mail _____ <small>(required for receipt of conference/expo updates)</small>

Booth Allocation	
Type of Booth <input type="checkbox"/> Standard <input type="checkbox"/> Deluxe <input type="checkbox"/> Super Deluxe	Booth Number _____

If you are a Chamber Manufacturer	
I confirm that our chamber is FDA Cleared (FDA 510(k) clearance letter received) for use with oxygen <input type="checkbox"/>	

Payment by Credit Card	Payment by Check or Money Order
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Name on Credit Card _____ Credit Card Number _____ Address _____ City _____ State _____ Expiration Date _____ Charge Amount _____ Authorization Code _____ Zip Code _____ Signature _____	Check payable in U.S. Funds to IHMF: HBOT2017 Mail to International Hyperbaric Medical Foundation c/o Steven Skaggs, D.C. 1802 West 32nd, Suite D, Joplin, MO 64804

Signatory	
<p>Refund Policy: The organizers of HBOT2017 reserve the right to refuse entry into the conference, without providing a reason or justification. Under such circumstance, all monies paid would be refunded in full by the organizers, and notified of such action, once that determination has been made.</p> <p>Cancellation Policy: Any cancellations prior to August 1st, 2017 will be entitled to a 50% refund on monies paid. No refunds after this date.</p>	
Name _____	Signature _____ Dated ____/____/____