

Illinois Dietetic Association Exhibitor Application Form

2012 Spring Assembly • Chicago Marriott Hotel, Oak Brook IL • April 20, 2012

Application Deadline: March 8, 2012

Please type or print clearly.

This form serves as authorization to reserve exhibit space in our name:

Company _____

Contact Name _____ Email _____

Address _____ Phone _____

City/State/Zip _____

Company website address: _____

Authorized Signature _____

Do you plan to sell product(s)? (check one) _____ yes OR _____ no

Description of Principle Product to be Displayed and/or Sold (include product brochure): _____

Booth Request: (check left column of all that apply, and fill in numbers as appropriate)

_____ Request _____ (number) booths at \$700.00 each (**Before December 31, 2011**)

_____ Request _____ (number) booths at \$750.00 each (**After December 31, 2011**)

_____ Request one nonprofit booth at \$275 each. A copy of our nonprofit letter is attached.

_____ Request one IDA member booth at \$275 each. ADA Member #: _____

_____ Request one IDA member table at \$150 each. ADA Member #: _____

Location (select one):

_____ I would prefer to be positioned near like products.

_____ I would prefer to NOT be positioned near like products.

Chairs: We request _____ (number) chairs for our booth (no extra charge)

Lunch: We request _____ (number) of lunch tickets. (Up to 4 provided at no extra charge)

Electricity: (please check) if you are requesting an electric connection at \$30.00 (subject to availability)

Name Tags: My company will need name tags for the following people (please provide name and any credentials, i.e., John Smith, RD).

Complimentary meeting registration as benefit of Hosting an Exhibit Booth (not table):

_____ We request that the complimentary conference registration be allocated to the following American Dietetic Association (ADA) member employed at our company: (name and credentials) _____ whose ADA member # is: _____

TOTAL for booth space: \$ _____	Return the completed form.
Electrical connection: \$ _____	Make checks payable to: Illinois Dietetic Association.
Plus any donation \$ _____	Credit Card type: ___ Visa, ___ Master Charge
Total enclosed \$ _____	Credit card expiration date: _____
Payment by ___ Check OR ___ Credit Card	Credit card number: _____
	Authorized signature _____

*Orders will be processed within 2 weeks of receipt of form. **Mail payment and application to:***

Terry D. McBride, Executive Administrator, Illinois Dietetic Association

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