



Seminar Vendor Application
For
ICAI Seminar (Spring 201__ Fall 201__)

Company Name:		
Address:		
City:	State:	Zip:
Main Contact Person:		
Email Address:		
Website:		
Telephone: ()		
Product / Service to be Displayed:		
Name of Exhibitors (for name badges):		
Special Needs / Considerations:		

PAYMENT INFORMATION

Enclosed is my check for \$_____ payable to ICAI for: I authorize ICAI to charge my credit card for \$_____ for:

Corporate Exhibitor Booth: \$500
Seminar Sponsor Display: \$250

Corporate Exhibitor Booth: \$500
Seminar Sponsor Display: \$250

CC#: _____ - _____ - _____ - _____ Expiration Date: _____ / _____ CSC / CSV
Code: _____

Name as on Card: _____

Authorized Signature: _____

Please Print Name: _____

For more information contact Dr. Pam at: (765)569-3722
Please fax completed registration form to: (317)853-6666

International Chiropractors Association of Indiana
75 Executive Drive, Carmel, IN 46032
Local: 765-569-3722 Fax: 317-853-6666



Seminar Hotel is Hilton Garden Inn, 9785 North by Northeast Blvd., Fishers, IN 46037

International Chiropractors Association of Indiana
75 Executive Drive, Carmel, IN 46032
Local: 765-569-3722 Fax: 317-853-6666