

“GETTING WELL WITH FOOD AND NUTRITION”

International College of Integrative Medicine, Fall 2008
 Sheraton Station Square Hotel, 300 West Station Square Dr.
 Pittsburgh PA
 Call 412-261-2000 and ask to be included in the “ICIM Block”

**EXHIBITOR
 REGISTRATION**

Please print clearly.

Company Name			
Billing Address	City	State	Zip
Company Address (if different)	City	State	Zip
Main Phone	Main Fax		
Website		<input type="checkbox"/> contact us about sponsoring a speaker for this meeting	
Contact Person			
Contact E-mail	Contact Phone	Contact Fax	
Names of representatives to appear on badges			
(if more than two, \$50 per day is added for each extra meal ticket, which includes breakfast, snacks, lunch, and Friday reception)			

Exhibitor Booth is \$1,000
 PLUS Sponsor a “Table for Eight” on our Friday night dinner
 cruise and invite your important customers to
 join you for \$350, **Total = \$1350**
 SETUP is October 2, 6 pm
 TEARDOWN is October 4, 3 pm
There will be a late fee of \$100 after Oct 1, 2008

Please mail along with payment to:
**International College
 of Integrative Medicine**
P.O. Box 271, Bluffton, OH 45817
 or fax to: **610-680-3847**
 phone: **419-358-0273**

check # _____ (payable to *ICIM*)
 credit card (for your protection *ICIM* discourages
 faxing or emailing credit card information)

VISA MC American Express

Card#: _____

Exp. date: _____ Security code: _____
(Security code required – 3 or 4 digits on back of card)

Name on card: _____ Amount: \$ _____

Signature: _____
 Date: _____

**If you did not participate in our Nashville meeting, please add a bio for your company
 which will be included in the ICIM Pittsburgh Syllabus (or email to wendy@icimed.com):**
