



Iowa CareGivers Association Annual Conference 2010 Exhibitor Registration Form

Contact Name:	Title:	
Organization: (print as you want to be listed in conference materials and signage)		
Address:		
City	State	Zip
Phone:	Fax:	
Email:		
Exhibitor Name (s): 1.		
2.		

Exhibit Option	For Profit	Not for Profit/ State Agencies	Total
2 day Exhibit	\$350	\$150	\$
Day 1 only (Aug. 30)	\$250	\$100	\$
Day 2 only (Aug. 31)	\$250	\$100	\$
Lunch	\$15/person	\$15/person	\$
Total			\$

- Please check here if a site near an electrical outlet is desired. No charge.
- Please check here if you plan to attend the Reception & Awards Program on August 30, 2010, as our guest.
- I plan to have a door prize available at my table. (Exhibitors are asked to provide a door prize at a suggested value of between \$25 and \$100. Door prizes will be announced by the ICA during the event and sponsorship by the exhibitor will be acknowledged.)

**PAYMENT IN FULL SHOULD BE ENCLOSED WITH
THE EXHIBIT REGISTRATION FORM
Deadline: August 6, 2010**

Checks should be made payable to Iowa CareGivers Association (ID 42-1457592)

Complete registration form and submit with payment to:
Iowa CareGivers Association
Direct Care Worker Resource & Outreach Center
1211 Vine Street, Suite 1120
West Des Moines, IA 50265
Ph: 515.223.2805 Fax: 515.226.3214
www.iowacaregivers.org

Signature and Title

Refunds: Sorry, we are unable to offer any refunds for cancellations.

The conference planners and the Ramada Tropics Resort & Conference Center are not responsible for items associated with exhibits in the non-secured exhibit area.

Limited space---Reservation for exhibit space will be on a first come, first served basis. Iowa CareGivers Association reserves the right to refuse any exhibitor.