

Iowa Rehabilitation Association  
2009 Annual Conference October 14-16, 2009  
Clarion Hotel & Convention Center Cedar Rapids, IA

EXHIBITOR/ADVERTISING REGISTRATION

CONTACT PERSON: \_\_\_\_\_ Email: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIPCODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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FOR EXHIBITOR INFORMATION

Number of tables needed (6 ft tables) \_\_\_ times \$175 Total \$ \_\_\_\_\_

I will \_\_\_ will not \_\_\_ need electricity for display

I am \_\_\_ am not \_\_\_ enclosing a business card for free advertisement in conference program

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FOR ADVERTISEMENT INFORMATION

Please reserve the following advertisement space

\_\_\_ Full Page (8 1/2 x 11) Portrait format - \$100

\_\_\_ Half Page - \$75

\_\_\_ Quarter Page - \$50

\_\_\_ Business card - \$25

Total Advertisement \$ \_\_\_\_\_

CONTACT PERSON IF DIFFERENT THAN ABOVE \_\_\_\_\_

NOTICE: Advertisements must be sent photocopy ready. Only black ink will be used in printing and color of paper is at discretion of Program Chairperson.

**CHECK FOR FULL PAYMENT MUST ACCOMPANY EXHIBIT OR ADVERTISING REGISTRATION, UNLESS PRIOR BILLING/INVOICE ARRANGEMENTS AGREED UPON. SEND CHECK PAYABLE TO: IOWA REHABILITATION ASSOCIATION (fed id # 42-1076727), Attn: Tim Gracey, 4512 SW 16<sup>th</sup> St., Des Moines, IA 50315 (phone 515-971-1297), Deadline for submission is September 25, 2009. Call if questions, or email to: [t.gracey@mchsi.com](mailto:t.gracey@mchsi.com)**

Total amount submitted \$ \_\_\_\_\_