

2020 I-ACT Convention June 24-27, 2020

Exhibitor Registration Form



Embassy Suites by Hilton
Orlando Lake Buena Vista South
4955 Kyngs Heath Road
Kissimmee, FL 34746

ph: 407-597-4000 - Group code: (IAC)
or Booking Website: <https://book.passkey.com/e/49953658>

Special I-ACT Hotel Rates - \$139.00 per night (Single/Double) (excluding tax)

Register early for this special rate. Rates good through May 23, 2020... or until the room block is sold out.

Please complete **both pages** of this registration form and return to the I-ACT Office.

Section 1

☐ Yes, we want to be an Exhibitor at the 2020 I-ACT Convention!

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Web Site _____

	Before Jan 1	Before May 1	After May 1
Exhibitor* Member	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$1250.00	<input type="checkbox"/> \$1350.00
First Time Exhibitor	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$1000.00	<input type="checkbox"/> \$1000.00

We will take _____ exhibit booths. (Booth size is 8'x10'.) Please select the appropriate exhibit space fee.
Please visit our web site at (<http://www.i-act.org/conventionvendo1.html>) to select your booth space.
Space will be assigned on a first-come, first-serve basis. Please enter your booth selection(s) below.

Our booth selections are: 1st choice # _____ and 2nd choice # _____

Total exhibit booth fees: \$ _____

Section 2

Each booth comes with one (1) full convention registration, which includes an exhibitor badge and one (1) ticket for the Awards Banquet. Please indicate the name for the exhibitor badge and banquet meal selection. *If no meal is selected, it will automatically be banquet chicken.*

Name for exhibitor badge: _____

Please select one: ☐ Vegan/Vegetarian ☐ Banquet Chicken ☐ Banquet Fish ☐ No Meal

Each booth comes with up to three (3) exhibit assistant name badges; please give the names for name badges below.
Additional badges beyond three will be \$25 each; please submit names on separate page.

Name for assistant badges: _____

Additional banquet tickets may be purchased at \$75 each. Number of additional tickets: _____

Additional meal selections: ☐ Vegan/Vegetarian ☐ Banquet Chicken ☐ Banquet Fish ☐ No Meal

Total exhibitor additional badge & meal fees: \$ _____

***Exhibitors must complete the Exhibitor Registration Form accompanied by payment to be approved as an exhibitor. Exhibitors will be assessed for additional (i.e. draping, extra tables or chairs, etc.). Electrical requirements must be worked directly with the pipe and drape company contracted by I-ACT. Absolutely NO exhibiting or selling of products without exhibitor fee.**

2020 I-ACT Convention

Exhibitor Registration Form (cont.)

Section 3

☐ Yes, we are interested in a corporate sponsorship. We understand that each corporate sponsorship will expand our company's visibility throughout the convention as well as to the Association membership. We will do the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Convention bags \$1,500 | <input type="checkbox"/> Lanyards \$1,000 | <input type="checkbox"/> Breakfast meal \$500 |
| <input type="checkbox"/> President's Award Banquet & Entertainment \$500 | | <input type="checkbox"/> Lunch meal \$500 |

☐ Yes, we are interested in expanding our visibility through additional advertising at the convention. We will do the following:

- | | |
|---|--|
| <input type="checkbox"/> B/W convention program ad \$200 (2 in X 3.5 in) | <input type="checkbox"/> Color convention program ad \$400 (2 in X 3.5 in) |
| <input type="checkbox"/> Flyer in convention bag with no product sample \$100/flyer | |

Total exhibitor sponsorship & advertising fees: \$ _____

Section 4

Exhibitors must provide a complete listing of products for display at the 2020 I-ACT Convention. Note: any colon hydrotherapy equipment must be FDA cleared with copies of appropriate 510k for each type of colon hydrotherapy equipment displayed. If no 510k is received, appropriate signage must be used. **Products not listed on this form may not be displayed.**

Products:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____

Signature of Authorized Company Official
(duplicate as needed to provide entire list of products)

Date

Section 5

Total Exhibitor fees (payment must accompany form to be considered): \$ _____

Payment ☐ Check ☐ Cash ☐ Credit Card (circle one: MC Visa Am Exp Other _____)

CC Number _____ (Security code) _____ Expire Date _____ Signature _____
3 or 4 digits