



Conference Vendor Application

This form is a fillable PDF. Please fill out the form, save it as a .pdf and title it with your company / Institution name. Send the completed form with any attachment to info@iowahealthed.org

COMPANY / INSTITUTION INFORMATION

*denotes required fields

Name*

(as you wish it to appear on the Exhibitor List)

Type of Business or Institution

Address*

City*

State*

Zip Code*

Business Phone Number*

Business Fax Number*

CONTACT PERSON INFORMATION

Contact Person's Name*

Contact Person's Title*

Contact Person's Cell / Phone Number*

Contact Person's Email Address*

Number of staff expected to be at your table*

(2 people per table, includes 2 lunches, additional staff must register for conference)

Full Name of Each Staff Members at your table (2)

EXHIBITOR INFORMATION

*Each vendor space is \$250.00 for the entire conference. It includes 1 table, electricity and lunch for up to 2 people each day. Additional staff may be added by purchasing an additional table. **Set-up time to be determined***

Please provide a brief description of your organization and what you plan on displaying to represent the organization.

Would your organization be interested in sponsoring a speaker or room for the conference? (if so a representative will contact you) **YES** **NO**

PAYMENT INFORMATION

Payment must be received by mail no later than April 1, 2019.

*Mail checks to:
Kirkwood Community College
6301 Kirkwood Blvd. SW
Cedar Rapids, IA 52404*

Attn: IHEA-Lauri Hughes