

**Exhibitor / Sponsor
 Application Form**

 Jan 31st - Feb 2nd, 2020

Please complete details and email sharon@islalaser-us.com, or fax to 954.827.0723, or mail to address listed below with your payment

 Nube Health ISLA 2020
 Conference & Expo
 Att. Sharon Phillips
 1286 University Avenue, #734
 San Diego, CA 92103
 Phone: 954.540.1896

We hereby apply, subject to the Rules & Regulations as detailed on the ISLA event website

Booth Fees	Sponsorship Fees
10 x 10 Area \$2,950 (includes 2 exhibitor personnel) For all exhibitors, additional staff will be charged \$450 to cover food & beverage for entire conference. Exhibit Rental does not include: Decoration, Labor, Guard/Security Service, Cleaning or Janitorial Services, Electrical, Gas, Water, Internet Connection (if not provided by hotel), Telephone Connection. Call Sharon Phillips at 954.540.1896 to discuss your specific requirements.	Cocktail Reception Sponsors (4 available) \$400 <input type="checkbox"/> <div style="text-align: center;">Show Guide</div> Full Inside Page \$450 <input type="checkbox"/> Half Inside Page \$350 <input type="checkbox"/>

Website, Show Guide and Other Marketing Collateral	Mailing Information (Please complete Contact Name, Phone, Fax and E-Mail. The remaining information only needs to be completed if different from details on left)
Company Name _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Email _____ Website _____ Company Logo Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No Company Bio Submitted (75 words max) <input type="checkbox"/> Yes <input type="checkbox"/> No	Contact Name (required) _____ Title _____ Company Name _____ Mailing Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____ Contact E-mail _____ <i>(required for receipt of conference/expo updates)</i>

Booth Allocation
Type of Booth <input type="checkbox"/> 10 x 10 Booth Number _____ Full payment required to secure your booth/sponsorship, and for ISLA Conferences to promote your presence.

Payment by Credit Card	Exhibitor/Sponsor Commitment
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Name on Credit Card _____ Credit Card Number _____ Address _____ City _____ State _____ Expiration Date _____ Charge Amount _____ Authorization Code _____ Zip Code _____ Signature _____	Total Amount _____ <hr/> <div style="text-align: center;">Payment by Check</div> Mail check payable in U.S. Funds to Nube Health ISLA 2020 1286 University Avenue, #734 San Diego, CA 92103

Signatory
We agree to the terms and conditions as stated on the ISLA Conference website. Signed By _____ Signature _____ Company Position _____ Dated _____