



1520 High Street
Des Moines, IA
50309-3110
lowahomecare.org

**CLICK HERE TO
ORDER ONLINE**

Contact Name: _____ Title: _____

Contact Email: _____

Exhibitor Name(s): 1. _____

2. _____

Additional Exhibitors: _____

Organization: _____

Address: _____

City/State/Zip: _____

Telephone #: _____ Fax#: _____

Web Site Address: _____

Additional Requirements: _____

We would appreciate not being located adjacent to: _____

Refund Policy: A \$125 cancellations fee will be charged to the individual cancelling their registration. All cancellations must be in writing and received by IAHC 10 working days prior to the workshop in order to receive a refund less the \$125 cancellation fee. There will be no refunds for cancellations after the deadline.

Marketing Terms:

Eligibility: IAHC reserves the right to determine the eligibility of any company or product. To be included in our exhibitor brochure, you must submit a description of your product or service (max 80 words) and send it to ahuisman@iowahomecare.org with your logo in a high resolution JPG format.

Signature of Contracting Agent

BOOTH RATE	MEMBER	NON-MEMBER	TOTAL
Standard Rate	\$450	\$575	\$
Electricity	\$20	\$25	\$
Two Primary Exhibitor	Included with booth fee		\$ 0
Additional Rep(s)	\$120	\$150	\$
Upgrade Options	Description		\$
Item #			\$
Item #			\$
Item #			\$
TOTAL			\$

To become a member go to
www.iowahomecare.org/Associates/index.html
or email info@iowahomecare.org.

PAYMENT IS REQUIRED. NO CONTRACTS WILL BE ACCEPTED WITHOUT PAYMENT

Payment Method:	<input type="checkbox"/> Credit Card CC Type:	<input type="checkbox"/> Check (payable to IAHC) Amt Enclosed: \$
-----------------	--	--

Cardholders name: _____

Billing Address: _____

Card Number: _____

Exp Date: _____ Sec Code: _____

Cardholder's Signature: _____

Complete registration form and return with payment to:

Iowa Alliance in Home Care
1520 High Street
Des Moines, IA 50309-3110
Tel: 515-282-3965 Fax: 515-2828034