

**IATA – Indiana Athletic Trainers' Association**  
**1829 Cunningham Road, PO Box 24167 ~ Indianapolis, IN 46224**  
**PH: 317-484-2630 or FAX: 317-481-1825**



**2009 FALL SPORTS MEDICINE SYMPOSIUM**  
**Sunday and Monday, November 1<sup>st</sup> and 2<sup>nd</sup>**  
**Exhibit Day: Sunday, November 1<sup>st</sup>**

*The Indiana Athletic Trainers Association would like to invite your company/organization to be a part of our Annual Fall Meeting/Symposium.* This year, the event will be held at the Wyndham Indianapolis West Hotel formerly known as the Adam's Mark Hotel at the Indianapolis Airport. The format this year is a one-day event, which should provide you with a great opportunity to interact and discuss your products with the numerous athletic trainers. Your presence is very important for a successful meeting. Details for exhibiting at this year's event are as follows:

**FEES:** A standard booth will include a 6 foot skirted table, display sign naming your company OR organization and inclusion of your company's /organization's associates in all the festivities, including the buffet Sunday evening. All of this for the low price of - **\$175.00**. (Please note the electrical outlet fee is \$15.00 and additional tables are \$100 each.) Prime location is already reserved for our "Corporate Sponsors". [**Note: many companies have already taken advantage of and joined our "Corporate Sponsorship". Sponsorship with the IATA allows these companies first selection on booth sites and a reduced rate for a second table. The level of sponsorship determines sites and reduced rates. If interested in joining in sponsorship with the IATA, please contact Scott Lawrance, Finance Committee Chair at [scott.lawrance@sbcglobal.net](mailto:scott.lawrance@sbcglobal.net).**]

**SETUP & SCHEDULE:** Exhibit tables are to be set up and manned by 1:00 pm on Sunday the 1<sup>st</sup>, at the same time registration opens. Educational meetings will occur from 2 pm till 4:45 pm and exhibit breaks are included in the format. From 4:45 pm till 6:30 pm please plan on attending a dinner buffet near the exhibit area. (Reminder: Your associates are invited to partake in the dinner as well.) There will be workshops from 6:30 pm – 8:30 pm with a small break at 7:30 pm; this will be the last time attendees will stop by the booths for the evening.

**ROOM RESERVATIONS:** Please contact the Wyndham Indianapolis West *formerly* the Adam's Mark Hotel at the Indianapolis Airport to make room reservations. **(317-381-6181) Room rate for Wyndham Indianapolis West formerly the Adam's Mark Hotel is \$99 + tax.** Any additional questions, don't hesitate to contact Ann Ninness or Casey Stevens at IATA Central Office – PH: 317-484-2630 or email: [casey@centraloffice1.com](mailto:casey@centraloffice1.com).

**CONTRACT & REGISTRATION:** You can complete your exhibitor registration/contract by faxing a copy to IATA Central Office 317-481-1825 or if you prefer, return a copy of the contract below by mail to IATA Central Office by **Friday, October 23<sup>rd</sup>**. If registration is not received by October 23<sup>rd</sup>, exhibitor names will not be included in the Symposium booklet.

**PAYMENT OPTIONS:** Credit Card or Checks. If payment is made by check, please make payable to the **IATA** and mail along with a copy of the contract to:

IATA CENTRAL OFFICE – PO Box 24167 – Indianapolis, IN 46224-0167

**QUESTIONS:** Any additional questions, don't hesitate to contact Ann Ninness or Casey Stevens at IATA Central Office – PH: 317-484-2630 or email: [casey@centraloffice1.com](mailto:casey@centraloffice1.com).

Thank you in advance for your support and participation in this event. We look forward to seeing you at the Fall Symposium November 1<sup>st</sup>!



**IATA – 2009 SPORTS MEDICINE SYMPOSIUM  
EXHIBITOR CONTRACT  
Sunday, November 1<sup>st</sup>, 2009**

**Instructions:** Please register by faxing/mailling a copy of this contract back with payment information to IATA CENTRAL OFFICE – PO Box 24167, Indianapolis, IN 46224 or FAX 317-481-1825 **NO LATER THAN Friday, October 23<sup>rd</sup>**. PLEASE NOTE: A signed copy of this contract is required to reserve booth space. Aside from the “Corporate Sponsors”, booth space location choices will be assigned in the order received. Confirmation of receipt of contract will be mailed to you, and booth assignments will be made the day of meeting.

**Yes, we wish to reserve and contract for exhibit space at the 2009 IATA Fall Sports Medicine Symposium on Sunday, November 1<sup>st</sup>, 2009. We understand that payment in full is required prior to booth space assignment. Assignment will be made in order of receipt. Exhibit fees are non-refundable. [Please type or print legibly – for booth identification sign.]**

NAME OF ORGANIZATION: \_\_\_\_\_

NAME(S) OF REGISTRANTS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

DESCRIPTION OF PRODUCTS: \_\_\_\_\_

Raffle Donation(s) Qty: \_\_\_\_\_ Description: \_\_\_\_\_

**Signature:** \_\_\_\_\_

<u># TABLE(s) (\$175 ea)</u>	<u>ELECTRICAL OUTLET(S) (\$15.00 ea)</u>	<u>TOTAL</u>
1 x \$175 = \$ 175.00	x \$15 = \$	\$
x \$100 =		

**PAYMENT INFORMATION:** \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD

**If paying by check, please mail with copy of contract to:  
IATA CENTRAL OFFICE, PO BOX 24167, Indianapolis, IN 46224-0167**

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Payment Total:** \$ \_\_\_\_\_

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