



Vendor Registration

Idaho Wound Care Coalition | 14th Annual Consensus Meeting
 November 5, 2022 | Idaho College of Osteopathic Medicine, Meridian, Idaho
 Conference Registration and Information: www.idhca.org

Company Name: _____ **Planning Contact:** _____

Title: _____ **E-Mail:** _____

Exhibitor Rep #1: _____ Exhibitor Rep #2: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **Cell:** _____

Registration and payment in full must be received prior to enjoying all of these benefits.

Breakfast or Lunch - (includes: 8' skirted table, 2 chairs, 2 badges – breakfast/lunch/breaks; Additional booth staff are \$50/each; and 2 Strategic Exchange Sessions)	TBD	
Snack Breaks: Coffee/Tea Service & Snack Break	TBD	
Standard Exhibitor Fee (includes: 8' skirted table, 2 chairs, 2 badges – breakfast/lunch/breaks; Additional booth staff are \$50/each)	\$450.00	
Silver Exhibitor Fee (includes two 8' skirted tables, 4 chairs, 4 badges, prime location in exhibitor hall, breakfast/lunch/breaks; Additional booth staff are \$50 ea; and 3 Strategic Exchange Sessions)	\$900	
Other support opportunities – badge/lanyard/registration bag/etc. What are you interested in providing: _____	<input type="checkbox"/>	TBD
Yes, we would like to support a speaker at the 14th Annual Consensus Meeting Do you have a specific topic of interest:	negotiable	
Yes, we would like to provide a door prize for the attendees attending the meeting		<input type="checkbox"/>

Please check one:

Check (please make checks payable to IHCA)

Send checks to: IWCC 13945 W. Wainwright Dr. Ste 100 Boise ID 83713

- Visa
- AMEX
- MasterCard

Billing Zip Code:

Expires: _____ / _____
(mm/yy)

Card Number: _____

3-digit pin (on back):

Signature: _____

Send registration information to:
IWCC at 13945 W. Wainwright Dr. Ste 100
Boise ID 83713
Or email us at IDwoundcarecoalition@gmail.com