

APPLICATION TO EXHIBIT

Please complete and mail to: HypnoBirthing, 5640 E. Bell Rd. #1073, Scottsdale, AZ 85254, or email to webmaster@hypnobirthing.com

Company Name/Your Name _____
(as you wish to be listed in the Conclave Guide)

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Authorized Representative _____ Title: _____

You are hereby authorized to reserve an exhibit table for our company/organization @ \$250* each, for which we have included full payment. (Checks payable to: HypnoBirthing®.)

*SPECIAL RATE FOR CONCLAVE PRESENTERS: All exhibits \$100, additional table \$25/day. If you are a presenter or practitioner and want this special rate please check presenter line below. (You may alternatively offer product on consignment at the HBI table. See enclosed Consignment Form for details.)

I will need: _____ 1 exhibit space _____ 2 exhibit spaces _____ Other

_____ I am a presenter/practitioner and would like the special rate of \$100 for each exhibit space.

_____ My check is enclosed in the amount of: _____

_____ Please charge to my credit card (MASTERCARD/VISA/DISCOVER)

SPECIAL REQUESTS (i.e., need electricity - \$20.00 extra per exhibit):

CARD # _____ EXP. DATE _____

SIGNATURE: _____

Description of products, equipment or service must accompany this Application. This will appear in the Conclave Exhibit Guide. Please briefly describe (with benefits) the product(s) and service(s) you will be marketing. Descriptions and payment due by July 30.

