

A Non-Profit, all volunteer organization, 501c(3)

**Hyatt Regency Deerfield – 1750 Lake Cook Road, Deerfield, IL 60015, USA**

Online Hotel Reservations: <https://aws.passkey.com/go/USPAUSPsychotronics2018>

Early Bird Hotel Rate for USPA/US Psychotronics until **June 28, 2018**

Register Online at Eventbrite: [CLICK HERE TO REGISTER ONLINE](#) (Service Fees Applied)

— OR Mail or Email the form below to apply —

**EXHIBITOR APPLICATION AND AGREEMENT FOR CONFERENCE**

► **Company/Organization Information:** (Please Print)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Website \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 County \_\_\_\_\_ Country \_\_\_\_\_  
 Contact Person for the Conference: \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_  
 Telephone(s) (Phone 1) \_\_\_\_\_ (Phone 2) \_\_\_\_\_

► **Exhibitor Purchases:**

**Qty**

<input type="checkbox"/>	- Exhibitor Tables	X	\$40	=	\$ _____
<input type="checkbox"/>	- Banquet Dinner Tickets	X	\$30	=	\$ _____
<input type="checkbox"/>	- USPA Membership (1 Year each)	X	\$35	=	\$ _____
<input type="checkbox"/>	- Exhibitor/Worker Conference Registration	X	\$150	=	\$ _____

*(Special USPA Rate for exhibitors – Includes Access to Conference Presentations and 1-Year Membership)*

**Total Purchases \$** \_\_\_\_\_

► **Payment Information:**

Please make your payment in US Dollars only. Enter credit card information below or mail a check to:  
 USPA – 525 Juanita Vista, Crystal Lake, IL 60014

► **If using PayPal, "Send Money" to: [USPsychotronics@Yahoo.com](mailto:USPsychotronics@Yahoo.com).**

Credit Card Number: --- CV Code:  Exp. Date:  / 20   
 Name on Card: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Please complete page 2*

# US PSYCHOTRONICS ASSOCIATION EXHIBITOR APPLICATION

## ► Agreement and Disclaimer:

**AGREEMENT:** I/we agree to pay 10% of gross sales in addition to the Table fee. This % fee is **due at close of Conference on Sunday** during checkout. I and/or any member of my staff agrees not to diagnose, prescribe or provide any form of "Medical Treatment" while at the conference. As an Exhibitor, I or any person representing me, shall refrain from such inference.

**DISCLAIMER:** US Psychotronics Association does not endorse, approve, recommend or guarantee any product, device, service or information given by an exhibitor.

Exhibitor Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

Exhibitor Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

## ► Other Exhibitor Information:

**Exhibitor Staff:** *If you are bringing Staff, please enter their name(s) below so we can prepare a name tag.*

Name (Please Print) \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

## ► Company Description:

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## ► Product Description(s):

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## ► Time at Conference:

***Exhibitor Set Up opens at 9:00 am on Friday morning. Conference begins at 1:30 pm.***

Arrival Date/Time \_\_\_\_\_

Departure Date/Time \_\_\_\_\_

## ► Submission Information:

**Complete form and send as an email attachment to: [uspsychotronics@gmail.com](mailto:uspsychotronics@gmail.com)**

**Or print and mail to: USPA – 525 Juanita Vista, Crystal Lake, IL 60014**

### Office Use Only:

Date Received \_\_\_\_\_

Date Processed \_\_\_\_\_

Room Assignment \_\_\_\_\_

Table Space(s) \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Check/MO# \_\_\_\_\_