

# HYPNO-EXPO 2020

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**Calling All Exhibitors**  
*Tables are limited.  
Available on a first come basis!*

## APPLICATION TO EXHIBIT

**Available on a first come basis!**

One full week of Learning! **Holiday Inn Orlando Airport, Orlando, FL April 24-26, 2020**

**\*\*\*\*\* NO EXHIBIT SPACE WILL BE ASSIGNED UNTIL PAYMENT IS RECEIVED \*\*\*\*\***

You are hereby authorized to reserve #\_\_\_ exhibit table/space @ \$175.00 each, for which we have included a non-refundable payment of \$175.00. Please make checks payable to IMDHA. (Note: If for any reason this application is denied, payment will be immediately refunded)

**Tables are limited and available on a first come basis!**

Company/Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Day Ph: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\*\*\* IMPORTANT INFORMATION \*\*\*\*\***

### Exhibit fee includes:

One 6' draped Table w/ 2 chairs

The exhibit area will be ready for set-up and installation at 8am on FRIDAY

Installation must be completed by 12:00 noon Friday, Apr 24th

**Bring Extension Cords!** Electricity is available to those who need it. If the hotel is requested to provide extension cords YOU will be charged a fee by the hotel!

You have only the space provided – NO extra tables, etc unless you pay for them!

Doors open to the public at 8:00 am Friday, Apr 24th. Any exhibit table not set up and occupied by noon, Friday may be canceled or reassigned without refund. All exhibits must be broken down and removed by 6 pm Sunday.

The Promoters and the Holiday Inn Orlando Airport do not guarantee or protect exhibitors against loss, theft or damage of any kind. Description of products or services MUST accompany this application. Please clearly describe what you plan to exhibit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree with the above terms of this document.

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

CC# \_\_\_\_\_ Exp \_\_\_\_\_ CVV# \_\_\_\_\_ (Amex/Disc/Visa/MC)

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Received: \_\_\_\_\_ Exhibit Space # \_\_\_\_\_