



25TH ANNIVERSARY
SILVER JUBILEE

2018 ICPHSO ANNUAL MEETING & TRAINING SYMPOSIUM

FEBRUARY 20-23 | HYATT REGENCY GRAND CYPRESS HOTEL | ORLANDO, FLORIDA

EXHIBITOR ORDER FORM

(please print or type)

COMPANY/ORGANIZATION

DIVISION

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTRY

PHONE

FAX

EMAIL

CONTACT/BILLING INFORMATION | Space confirmation, exhibitor service manual & other information should be sent to:

CONTACT NAME

CONTACT ADDRESS (IF DIFFERENT FROM ABOVE)

CITY

STATE

ZIP CODE

COUNTRY

PHONE

FAX

EMAIL

PRODUCTS OR SERVICES TO BE EXHIBITED (Please describe in 15 words or less)

EXHIBIT BOOTH FEE	COST	# NEEDED	TOTAL
<input type="checkbox"/> 3'x6' Skirted Table Open Space (No Electricity—available for purchase from Hotel)	\$1,500	_____	\$_____

BOOTH ATTENDEES (pricing includes two attendants—additional attendees require additional payments) (includes all food and beverage services provided during Symposium)

NAME 1

NAME 2

If you have any other needs for your booth, please indicate here: _____

RETURN FORM WITH PAYMENT TO:

MAIL: ICPHSO

Attn: Heather Konya
11130 Sunrise Valley Dr, Ste 350
Reston, Virginia 20191

EMAIL: sponsor-exhibitor@icphso.org

EIN: 52-2048606 (registered business name:
International Consumer Product Health
and Safety Organization, Inc.)

PAYMENT INFORMATION

- Check Enclosed (Please make checks payable in US dollars, drawn on a US Bank to: ICPHSO)
- Credit Card (VISA AMEX MC)

NAME LISTED ON CREDIT CARD

CREDIT CARD NUMBER

EXP DATE CID #

SIGNATURE