
IANDS 2019 Conference
Exhibitor Registration Form
King of Prussia, Pennsylvania
August 29–September 1, 2019

Opportunity for Exhibitors: Four days of affordable space at the IANDS Annual Conference, with often over 300 attendees, meeting in King of Prussia in summer 2019. Attendees include members of the educational, medical, psychological, and nursing professions; alternative practitioners, and the public.

Booth Traffic and Opening and Closing Times: Doors open by 9:00 a.m. Exhibitors should close by 6:00 p.m. each day. The conference closes at 3:00 p.m., Sunday, September 1st. Exhibitors should arrange to be packed and vacate premises by 5:00 p.m. **Please note:** Someone is expected to stay in your area throughout exhibit times except for reasonable breaks.

On Thursday evening there will be a “Meet and Greet” reception for exhibitors.

Location: Crowne Plaza Philadelphia-King of Prussia 260 Mall Boulevard King of Prussia, Pennsylvania 19406. Main (610) 265-7500

Exhibitor– Basic Package - \$350*

Non-profit organization rate - \$175

- Name & logo on **conference** web site
- 6’ table with conference drape and two chairs located in the conference area
- \$75 discount on conference registration
- Insert items in registration bag
- 2 Name Badges

Our fees do not include electrical nor internet access. Please refer to the attached Exhibitor Request Form from the Crown Plaza (pending) for additional resources such as internet access. *You will be offered a \$50.00 discount if registered and paid in full not later than (NLT) June 14, 2019.

Please submit your application for review electronically by email. Once the Exhibitor Coordinator approves your application you will receive instructions on how to register and submit payment on our conference registration page, as well as instructions on submitting your logo.

Thank You

Linda Truax

2019 IANDS Exhibitor Coordinator

Terms and Conditions IANDS Conference Exhibitor 2019

- 1. Payment (Note: fee is non-refundable)**
Enclose check with application or call to make credit card payment. Make check payable to IANDS or International Association for Near-Death Studies with completed application and signed indemnity agreement. Deadline is 07/14/2019. You will receive an acknowledgment of your participation.
- 2. Exhibitor Materials.** IANDS reserves the right to decline sales of goods and services deemed inappropriate for the conference. Any questions about appropriate items should be directed to the Exhibitor Coordinator (512-718-8902) prior to the conference. IANDS considers as exhibitors anyone selling products, healing services, and authors selling their books. You are responsible for attracting customers to your booth, and managing your own commerce (setting prices, accepting payment, making change for cash payments, providing receipts, etc.). If you need internet for any aspect of your commerce, please arrange this through the venue (see #6).
- 3. Cancellation:** All cancellations are non-refundable.
- 4. Set up:** Exhibitors will be able to set up Wednesday, August 28 after 3 p.m. or Thursday, August 29th by noon. Electrical availability is extremely limited and we cannot guarantee electrical service. Please contact us for details.
- 5. Table Space/ Equipment:** The standard table size for all Exhibitors is 6 ft. X 2 ft. 6 in. **Due to the limited amount of space available for all vendors, space restrictions will be enforced.** To ensure a safe (fire regulations) and healthy (allergies, etc.) conference for everyone, we cannot allow burning of incense, candles, or other related items. We appreciate your full cooperation.
- 6. Additional Services:** Please note that IANDS is not responsible for providing additional services such as wireless internet, additional tables, etc. All exhibitors must handle this with the hotel directly by submitting the attached Exhibitor Request Form. (pending)
- 7. Booth location:** The specific location of your exhibit space will be determined by IANDS, with the most premium locations being given to those who register and pay first.

We look forward to your participation at our North American IANDS Conference 2019

Name:

Email:

Organization:

Work Phone:

Mobile:

Address:

City:

State:

Zip Code:

In signing this form you agree to the above conditions:

Digital Signature:

Date:



