

IACME

Iowa Association of County Medical Examiners

IACME Fall Meeting and Education Expo November 5-6, 2021 • West Des Moines Marriott

EXHIBITOR REGISTRATION FORM

Company (as you want it listed in the attendee roster) _____

Name (company representative who will attend) _____

Street Address _____

City, State, Zip Code _____

Contact person _____

Phone _____ Email _____

Description of products/services to be exhibited _____

Do you need electrical service? _____ Yes _____ No

(There is no charge for electrical service, but you must provide your own drop cord and power strip)

Exhibitor registration fee is \$500. (IACME Fall Meeting sponsors receive an exhibitor table as part of their sponsorship.) Exhibitors can pay via PayPal or credit card (the online payment feature can be found on our web site www.iacountyme.org, Fall Meeting section) OR send a check for \$500 to IACME, PO Box 274, Boone, IA 50036.

DATE: _____

YOUR NAME (if different from representative who will attend): _____

IACME
PO Box 274
Boone, IA 50036

If you need additional information or assistance, please call Chris Sutton at 515.212.9685