



# APPLICATION FOR EXHIBITOR PARTICIPATION

**COMPANY INFORMATION** (Complete as it should appear in all conference-related materials)

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Exhibiting As (if different from above) \_\_\_\_\_

Address \_\_\_\_\_

City/province \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website URL \_\_\_\_\_

**PRODUCTS/SERVICES FEATURED**

- |  |  |
|--|--|
| <input type="checkbox"/> Compounding Pharmacy<br><input type="checkbox"/> Pharmaceuticals<br><input type="checkbox"/> Nutraceuticals<br><input type="checkbox"/> Cosmeceuticals<br><input type="checkbox"/> Hormone & HRT Products<br><input type="checkbox"/> Reference Laboratory<br><input type="checkbox"/> Skincare/Beauty Products | <input type="checkbox"/> Nutritional Supplements (Enzymes, Herbals, Antioxidants)<br><input type="checkbox"/> Clinic/Longevity Center<br><input type="checkbox"/> Practice Insurer<br><input type="checkbox"/> Hi-Tech Medical Equipment & Instruments<br><input type="checkbox"/> Offline/Online Healthcare Company<br><input type="checkbox"/> Fitness/Physical Therapy Equipment<br><input type="checkbox"/> Consultant<br><input type="checkbox"/> Other _____ |
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**COMPANY PRODUCT DESCRIPTION**

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**NEW PRODUCTS/SERVICES INTRODUCED**  
(Never before exhibited at any previous event)

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**PRODUCT/SERVICE REVIEW**

Please submit clinical data, product literature and/or other pertinent information to  
**Integrative Medicine for Anti-Aging Peer-Review Planning Committee,**  
 330 N. Wabash, 23rd Fl., Chicago, IL 60611

- Please select which approvals your products/services currently have:
- FDA     ClinicalData \_\_\_\_\_     Certification \_\_\_\_\_     Other \_\_\_\_\_

**ACCEPTANCE OF STANDARDS**

By signing this application, applicant agrees to abide by the Standards that accompany this application

Authorized Signature \_\_\_\_\_

Company Represented \_\_\_\_\_