HYPNO EXPO 2024 — EXHIBIT APPLICATION FORM



PERSONAL INFORMA	TION Enter payment details	below OR pay online here >
Company/Individual Name :		
Address :		
City:	State :	Zip:
Phone:	E-Mail :	
IMPORTANT INFORM	MATION	
Exhibit fee includes ONE 6' drape	ed table with 2 chairs. (NO extra	a tables unless you pay for them.)
•	petween 8:00 a.m. and 12:00 p en down and removed by 6 p.m.	.
(Requesting items from	ords! Electricity is available to m the hotel will result in you being chan t 8:00 a.m. on Friday, May 17th.	rged fees accordingly.)
and occupied by 12 noon	on Friday may be canceled/rea	assigned without refund.
for which we have incl	o reserve # exhibit tab luded a non-refundable paym this application is denied, payment will b	nent of \$
Applicant Signature :		Date :
Card #:	Exp.:	CVV:
The Promoters and The Double Tree loss, theft or damage of any kind. D Please o	•	MUST accompany this application.

IACT | IMDHA