



iowa dietetic association

"YOUR LINK TO NUTRITION & HEALTH" SM

EXHIBITOR PROGRAM INFORMATION

Please complete the following response form and return by October 15, 2007.

I would like to participate in the IDA Annual Fall Meeting on Wednesday, November 7, 2007 by:

Please mark all that apply.

_____ Exhibiting (Wednesday, November 7):

_____ \$100 (non-profit organizations)

Please provide documentation of your non-profit status.

_____ \$500 (for profit organizations)

_____ will need an electric outlet

_____ Sponsoring a conference speaker; sponsor level any level between \$250 - \$1,000

_____ Providing a door prize, description: _____

Unable to attend:

_____ I will not be able to participate this year, but please keep me on the list for future opportunities.

_____ I will not be able to participate this year and am not interested in hearing of future opportunities.

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

Please return form to:

Donna Dolan, at DDolan@hy-vee.com 319/484-2418 (H); 515/440-4940 (O) or
Diane Duncan-Goldsmith, 319-688-1021(O);319-688-1028 (fax),
duncan-goldsmith.diane@iccsd.k12.ia.us