

Tabletop Application

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Company Web Site: _____

Tabletop Show Contact: _____

RSVP BY SEPTEMBER 15, 2011

IOMA Member: \$1,000.00 # of tabletops: _____ Sub Total: _____

(Cost of exhibitors table includes 2 dinner event ticket packages valued at \$500.00)

Additional dinner tickets: _____ @ \$250.00 ea. Sub Total: _____

Total Enclosed: \$ _____

Make Check Payable to IOMA or complete credit card (Visa & MC Only) information:

Name as it appears on credit card: _____

Credit Card: _____ C/C #: _____ Exp Date: _____

Signature: _____

IOMA
PO BOX 1827
N FALMOUTH, MA 02556
PH 508.548.7627 FAX 508.355.8952
ROMANO@IOMANE.COM