



International Sound Therapy Association
www.ista-usa.org

Vendor Application February 13, 2009

Contact Name _____
Name of Business _____
Address _____
City/State/Zip _____
Phone _____ Fax _____ Email _____
Website address _____
Business License # _____

Type of Items Sold and brief description _____

Vendor space is assigned on a first come, first served basis. You may elect a section preference, but we do not guarantee your first choice. Space assignments are based according to date application & payment received, date payment clears and how each section/row is filled.

We will produce a multi page online program for our attendees, which is downloadable free of charge. If you would like an ad in our program, please contact: Mandara Cromwell 404.307.0593
mandara@bellsouth.net

Please write **exactly** what you wish to appear on our website including contact information, website if applicable and description of business items for sale.

Exhibit Table space is approximately 8' x 8' and includes a 6' table.
Private Classroom size varies. Please inquire for specifics.

Exhibit Table: \$75 _____ ISTA member* \$65 _____
Private Classroom \$90 _____ ISTA member* \$75 _____
Electric outlet \$15 _____

*Become an ISTA member at www.ista-usa.org

Program Advertising

Programs will be distributed at Friday eve concert (6pm-10pm) and Saturday (10am-5pm)

Advertising:

	Approximate size	Rate
Full Page	7 x 8.5	\$175
Half Page	7 x 4.5	\$90
Half Page	3.5 x 8.5	\$90
Quarter Page	3.5 x 4	\$45
Business card	3.5 x 2	\$25

Acknowledgment:

Applicable artwork, logo, literature, etc. must be submitted to:

Mandara Cromwell, Mandara@bellsouth.net

All artwork files should be submitted in JPEG or PDF Format at the correct dimensions. Please contact jmstromain@gmail.com for specific dimensions.

Please make checks payable to ISTA. Credit card payments are also accepted.

Name as it appears on Credit card:

CC# _____ 3 digit code _____ Exp Date: _____

Signature: _____

Please mail application and payments to:

ISTA

Mandara Cromwell, Event Coordinator

569 Cresthill Ave., NE

Atlanta, GA 30306

Questions about this form?

Contact Mandara Cromwell 404.307.0593 or mandara@bellsouth.net

Thank you! We appreciate your support and participation!