



*building bridges to
healthcare excellence*

**Application for Exhibit Space – Annual Fall Conference
September 08th and 9th, 2011**

Boise Hotel and Conference Center 3300 Vista Avenue Boise, Idaho 83705

NP Idaho is hereby authorized to reserve space for our use in the exhibit area of the 2011 Nurse Practitioners of Idaho, Fall Conference.

Firm Name _____ Telephone _____

Address _____ City, State, Zip _____

Person in Charge of Exhibit _____ Email _____

Address _____ City, State, Zip _____

Telephone _____ Fax _____

Authorized Signature _____

Date _____

Our check for \$550.00 per booth is enclosed _____ Total number of booths _____

Additional Opportunities for sponsorship:

Luncheon Thursday or Friday: (Estimated at \$1,000-\$1,500) _____

Speaker honorarium: (To be determined by sponsor/speaker request) _____

Unrestricted educational grant _____

Please make checks payable to Nurse Practitioners of Idaho
NPI taxpayer ID number: 82-0523896

Please submit forms and checks to: NPI, Inc.
Attn: Traci Jablonski
5120 W. Overland Rd #218
Boise, ID 83705
(208) 914-0138