



2012 MAINTENANCE MANAGEMENT CLINIC

APRIL 18 & 20, 2012

Amount Due: \$495.00

Please include a copy of this invoice with all payments. Make checks payable to "IAHA" marked "M/M CLINIC-VENDOR" on the front of the envelope and remit to:

IAHA
2105 East Cook Street
P. O. Box 4486
Springfield, IL 62703

Name of Company: _____

Representatives-\$495 1. _____

2. _____

Additional Reps/\$125 ea. 3. _____

4. _____

Advertiser: Standard \$125 _____ ½ Size Banner \$100 _____ Business Card \$25 _____

Sponsor: Cocktail Party \$350 _____ Breakfast \$300 _____ Afternoon Break \$125 _____ Morning Break \$100 _____

TOTAL REGISTRATION PAID: \$ _____

Address: _____

City, State, Zip Code: _____

Email Address: _____ Phone No.: _____

Please call IAHA Coordinator, **Debbie Smith at 618-302-3759** for questions concerning above information.