

# International & American Associations of Clinical Nutritionists

## ANNUAL CORPORATE MEMBERSHIP FORM

|                       |       |        |       |
|-----------------------|-------|--------|-------|
| Company:              | _____ |        |       |
| Address:              | _____ |        |       |
| City:                 | _____ |        |       |
| State/Zip:            | _____ |        |       |
| Authorized Signature: | _____ |        |       |
| Contact Person:       | _____ |        |       |
| Title:                | _____ | Phone: | _____ |
| Corporate Website:    | _____ | Email: | _____ |

### **With Corporate Membership you will receive:**

- Listing in the Corporate Member sections of the IAACN Annual Scientific Symposium Handbook.
- Listing on the IAACN web site with a link to your company web site.
- Corp. Members Materials Display Table with Name Banner at the Symposium registration desk.
- Your Corporate Name on the IAACN Scientific Symposium Tote Bags & signage.
- Placed first in line to advertise in the IAACN E-Newsletters and Annual Scientific Symposium Handbook. (20% off regular advertising prices)
- Annual IAACN membership mailing labels (once a year).
- Company press releases submitted thru the office by email to IAACN members and CCN's.
- First choice preference for Exhibitor Sponsored Meals.

### **Payment Method: (Corporate Membership- \$900.00)**

Check #: \_\_\_\_\_ Payable to IAACN

Visa/Mastercard # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Contact:  
Rob Henry- IAACN Associate Director  
15280 Addison Road, Ste. 130  
Addison, Texas 75001  
Bus: 972-407-9089 Fax: 972-250-0233  
[jrh@clinicalnutrition.com](mailto:jrh@clinicalnutrition.com)