

Not for Profit  
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# American Naprapathic Association

“Committed to serving Naprapathic Doctors”  
Headquarters at the NCNM University  
3330 N. Milwaukee Avenue  
Chicago, Illinois 60641

## Exhibitor / Vendor Application Form

### GENERAL BUSINESS INFORMATION

#### 1. NAME OF BUSINESS:

Enter the name of the entity, individual(s), partners or corporation; followed by any other name used to do business (DBA).

\_\_\_\_\_  
Name of Entity, Individual(s), Partners or Corporation

\_\_\_\_\_  
Doing Business As (If Same as above, leave blank) / Type of Business

#### 2. COMPANY BUSINESS ADDRESS

Enter the physical address for the main office.

\_\_\_\_\_  
Street Address (P.O. Box is not permitted)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Country (U.S.A.)

#### 3. CONTACT PERSON:

Enter your firm's contact person's name and title.

Mr. Ms. Mrs.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Title/ Position

#### 4. COMPANY'S / FIRM'S TELEPHONE NUMBERS AND EMAIL ADDRESS:

Enter your firm's telephone number(s) and include long distance and 800 numbers if available, and the fax number for the contact person named above.

Enter your firm's email address. Notices will be e-mailed to this address.

\_\_\_\_\_  
Telephone Number / Toll Free Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address

### AFFIRMATIONS AND SIGNATURES

*The undersigned hereby certifies that the foregoing statements are true and correct and included all of the material necessary to identify and explain the operation of the business described herein. The undersigned agrees to provide the ANA with current, complete and accurate information for each project contracted and for all proposed changes in any contractual agreement. Misrepresentations shall be grounds for terminating any contract.*

Signed this \_\_\_\_\_, day of \_\_\_\_\_ 20\_\_\_\_\_

Sign by: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Title: \_\_\_\_\_

**Exhibitor/Vendor Booth Fee: \$300**

**(Make check payable to the American Naprapathic Association)**

Scan QR Code to complete  
application online or visit  
<https://naprapath.org/exhibitors>



Mail Completed Form and Check w/ Attn:

Dr. Shante Griggs

American Naprapathic Association

3330 N Milwaukee Ave Suite 1A, Chicago, IL 60641

email: [info@naprapath.org](mailto:info@naprapath.org) | web: <https://naprapath.org>