



## 2010 INDUSTRY PARTNER APPLICATION FORM

**STEP 1: PLEASE COMPLETE THE FOLLOWING INFORMATION FOR US:**

Company: \_\_\_\_\_

Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Web site: \_\_\_\_\_ to be linked on INALA web site

**STEP 2: Please provide a 50 word or less description of your Company's products and/or services (you may either attach the description or email it to: [exdir@INassistedliving.org](mailto:exdir@INassistedliving.org)).**

**STEP 3: INDICATE YOUR PARTICIPATION AND PAYMENT LEVEL BELOW:**

\_\_\_\_\_ I am renewing membership \$ \_\_\_\_\_ (\$450)

**or**

\_\_\_\_\_ I am joining as a new member \$ \_\_\_\_\_ (\$450)

\_\_\_\_\_ Our organization qualifies for a discount because:

We have reserved a 2010 spring conference trade show booth, **or**

We are a 2010 **IAHSA** Member

\$ -50 (discount)

**TOTAL** \$ \_\_\_\_\_

**STEP 4: MAIL OR FAX THIS FORM AND YOUR PAYMENT TO:**

\_\_\_\_\_ I am faxing back form and mailing a check for \$ \_\_\_\_\_ with the original form

\_\_\_\_\_ I am faxing back membership form, please send invoice

Complete and fax this form to: IALFA at (317) 733-2385  
Checks are payable to IALFA.  
Mail with form to P.O. Box 68829, Indianapolis, IN 46268  
**Contact us at 317-733-2390.**  
**Thank you!**