**Agreement for Exhibiting**

Colorado Integrative Medicine Conference (cIMc 2025)

Exhibit dates: July 11-13, 2024 - Friday, Saturday, and Sunday Assembly Hall, YMCA of the Rockies, Estes Park, Colorado

**Exhibit Space & Cost:**

Full Weekend Exhibit with (2) Conference Passes:

* **Option 1: $2,500** 
  + Exhibit Space: 10' x 10’ booth including one 8' table, tablecloth, two chairs, wastebasket, electricity, pipe & drape in expo, and Wi-Fi (best effort for mountains).
* **Option 2: $1,500** 
  + Exhibit Space: 8' x 5’ booth including one 8' table, tablecloth, two chairs, wastebasket, electricity, pipe & drape in expo, and Wi-Fi (best effort for mountains).

Additional tables are not available.

Space is limited for both 10x10 and 8x5 booth sizes, first come first serve basis.

**Important Dates & Times:**

* Exhibit Hours:
  + Friday, July 11, 2025: [5pm-10pm]
  + Saturday, July 12, 2025: [7:30am-6pm]
  + Sunday, July 13, 2025: [8am-4pm]
* Setup: July 11, 2024, [3pm-5pm]
* Teardown: July 13, 2024, [4pm-6pm]
* Inbound shipping to arrive at the YMCA between: July 7- July 10, 2025. Any shipments delivered prior to July 7th will not be accepted for storage.

*The exhibitors are responsible for shipping, receiving, set-up & tear-down of their own materials.*

**Disclaimer:**

Please be advised that the YMCA has a strict policy against the sale, distribution, or consumption of marijuana, psychedelics, alcohol, or any other controlled substances on its premises. Violation of this policy may result in immediate removal with no refund. We kindly request that all attendees, sponsors & exhibitors adhere to these guidelines and maintain a respectful and safe environment for everyone.

**Shipping Information & Instructions:**

YMCA of the Rockies Estes Park Center

"Your Rep Name and Company Name" - cIMc 2025

2515 Tunnel Road

Estes Park, CO 80511

Clearly number and label all boxes.

During Setup (July 11 [3pm-5pm]) contact Amber by calling/texting 785.213.3507   
to coordinate pickup of items.

**Exhibitor Eligibility:**

To be eligible, your products and services must be educational and relevant to integrative medicine. InspiredIM reserves the right to approve all exhibitors.

**Cancellation Policy:**

Cancellations must be made in writing by May 6, 2025 with a reason for a full refund minus a $500 processing fee. No refunds will be granted after May 7, 2025.

**Failure to Occupy Space:**

Any exhibit space not occupied by the start of the main conference will be forfeited by the exhibitor. This space may be reassigned or used by InspiredIM without a refund.

**For questions:**

Email: exhibitor@InspiredIM.org

Learn more at:  [https://www.inspiredim.org/conferences](https://www.altermedresearch.org/conferences) Phone: (970) 310-3030

**Exhibitor Acceptance:**

It is agreed and understood that the information in this exhibitor packet is part of a contract between the exhibitor and InspiredIM. The submission of the application for exhibit space constitutes the exhibitor’s agreement to abide by these regulations.

Please sign that you have read this agreement and have the authority to sign this application on behalf of your company. You also understand that you are responsible for your own exhibitor contents at all times. Thank you for your support. We wish you great business success and networking!

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for Exhibiting**

**Exhibitor Information**  – This information may appear in conference publications, please print legibly

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

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Handles:

IG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Vendor Directory**

Please include information about your products, services or about the merchandise to be displayed at the Conference. This information may appear in the Conference vendor directory.

How many exhibit spaces (each 10’ x 10’' costs $2,500) do you need? \_\_\_\_\_\_\_\_\_\_\_\_   
  
How many exhibit spaces (each 8’ x 5’' costs $1,500) do you need? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment and Confirmation**

Space will be reserved for you once your application is received along with your full payment. Space is limited. A maximum of 2 company representatives are allowed per booth table. Two conference passes will be included for the 2 exhibitors.

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

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

For exhibitor applications submitted BEFORE June 30th, 2025 (Please Check One):

Payment by check(preferred)\_\_\_\_\_\_\_\_\_

If paying by check, please send your payment and application to:

InspiredIM, 1342 Jayhawk Dr. Suite 200, Fort Collins, CO 80524

PayPal Invoice:\_\_\_\_\_\_\_\_

Provide email for billing invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must pay upon receipt. Your booth space is reserved only after payment is received.)

For exhibitor applications submitted AFTER June 30th, 2025:

Visa or MasterCard Only. Scan & Email application to exhibitors@inspiredIM.org

Name on Card:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVC code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Charge Amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Signature Authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Visit <https://www.inspiredim.org/conferences> to book lodging and register for additional conference attendees.

It will be a productive and fun conference! We look forward to working with you to advance evidence-based integrative healthcare and education for human wellness!