



NEBRASKA Emergency Medical Services

EXHIBITOR REGISTRATION AND CONTRACT FOR EXHIBIT / STATIC DISPLAY SPACE

This Registration and Contract is for the NEMSA Spring Conference of March 19th, 20th, and 21st of 2010
To be held in Columbus, Nebraska

(Please type or print clearly)

Company Name _____

Mailing Address _____

(Street City State Zip)

Phone _____

E-mail Address _____

Attending Representative Name _____

Mailing Address _____

(Street City State Zip)

Phone _____

E-mail Address _____

_____ We would like a single exhibit space, for a fee of \$350.00 (no lodging)

_____ We would like a single exhibit space, for a fee of \$500.00 (lodging included)

_____ We would like a second exhibit space for \$200.00 (space only)

_____ We request space for an ambulance/vehicle exhibit (2 units)

***NOTE: The \$500.00 Exhibit Fee includes: Three nights guaranteed lodging, one meal packet including banquet ticket, draped booth space, name badge, chairs.

MAKE CHECKS PAYABLE TO: **NEBRASKA EMERGENCY MEDICAL SERVICES ASSOCIATION**

EXHIBIT SPACE IS LIMITED AND WE HIGHLY RECOMMEND EARLY REGISTRATION PRIOR TO Feb. 15th, OF 2010.

Enclose payment and return to: **NEMSA Spring EMS Conference**
C/O Jimmie Metzler
509 North Davis Ave.
Oakland, NE 68045

A COMPLETED EXHIBITOR REGISTRATION AND CONTRACT, INCLUDING PAYMENT OF ALL FEES MUST BE RECEIVED NOT LESS THAN 30 DAYS PRIOR TO THE START OF THE ABOVE LISTED CONFERENCE TO GUARENTEE EXHIBITOR SPACE.

ALL PREVIOUSLY DATED EXHIBITOR CONTRACTS OR VERBAL AGREEMENTS, WHETHER EXPRESSED OR IMPLIED TO THE EXHIBITOR ARE CONSIDERED NULL AND VOID.

I (WE), A DULY AUTHORIZED REPRESENTATIVE OF THE EXHIBITOR, HAVE READ AND AGREE TO THE ATTACHED EXHIBITOR TERMS AND CONDITIONS.

Date _____

Signature _____

E-mail Address (IF APPLICABLE) _____