



NEBRASKA STATEWIDE  
EMS CONFERENCE COMMITTEE

Registration and Contract for the Nebraska  
Statewide Summer EMS Conference

July 13-15, 2012

Location: Younes Convention Center  
Kearney, NE

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

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Representative Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

Non-Smoking\_\_\_\_\_ Smoking\_\_\_\_\_ sleeping room is preferred.

\_\_\_\_\_ We would like to exhibit for a fee of \$600.00. (This includes 3 nights guaranteed lodging, 2 meal packets (banquet included), skirted table and draped booth space, booth sign, name badges, chairs.)

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

\_\_\_\_\_ We request space for an ambulance/vehicle exhibit (2 units).

\_\_\_\_\_ We request exhibit space only (no sleeping room) for \$345.00.

Sign and return with check payable to:

NEBRASKA STATEWIDE EMS CONFERENCE

Bill Howes, Vendor Chair  
NE Statewide EMS Conference  
PO Box 496  
Norfolk, NE 68702

***EXHIBIT SPACE IS LIMITED AND  
WE HIGHLY RECOMMEND  
REGISTRATION PRIOR TO  
JUNE 1, 2012.***

A completed registration contract and payment of all fees must be received by June 13, 2012 to guarantee exhibitor space.

All previously dated exhibitor contracts or verbal agreements, whether express 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 Exhibitor Policies, Terms and Conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name