

**EXHIBIT SPACE IS LIMITED. WE
HIGHLY RECOMMEND REGISTRATION
PRIOR TO SEPTEMBER 1, 2020.**



**NEBRASKA STATEWIDE
EMS CONFERENCE COMMITTEE**

Registration and Contract for the Nebraska
Statewide Summer EMS Conference

September 11-13, 2020

**Location: Holiday Inn
Kearney, NE**

Company Name _____

Mailing Address
Street _____ City _____ State _____ Zip _____

Phone _____ **Email** _____

Representative Name(s) _____

Mailing Address
Street _____ City _____ State _____ Zip _____

Phone _____ **Email** _____

____ We would like to exhibit for a fee of \$400.00. (This includes a skirted table and draped booth space, booth sign, name badges, chairs and 2 meal packets – banquet included.)

____ We would like an additional second exhibit space for \$200.00 (space only - \$600.00 total due)

____ We request space for an ambulance/vehicle exhibit (2 units), cost included in exhibit fee.

Sign and return with check payable to:

NEBRASKA STATEWIDE EMS CONFERENCE

**Jodi Daily, Vendor Chair
NE Statewide EMS Conference
4202 Avenue F
Kearney, NE 68847
(308) 458-9806**

Paying by check?

Complete and return this form with payment.

Paying with credit card?

Go to nebraskaems.com and check under
VENDOR tab

A completed registration contract and payment of all fees must be received by September 1, 2020 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