

**EXHIBIT SPACE IS LIMITED. WE  
HIGHLY RECOMMEND REGISTRATION  
PRIOR TO June 1, 2021**



**NEBRASKA STATEWIDE  
EMS CONFERENCE COMMITTEE**

Registration and Contract for the Nebraska  
Statewide Summer EMS Conference

**July 9-11, 2021**

**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** \_\_\_\_\_

\_\_\_\_\_ We would like to exhibit for a fee of \$400.00. (This includes a skirted table and draped booth space, 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.  
**NE State special permit must accompany registration**

**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](http://nebraskaems.com) and check under  
VENDOR tab

**A completed registration contract and payment of all fees must be received by June 1, 2021 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**