

Save money! Register by **February 1** and receive a **\$100 discount!**

Company Information

PLEASE EMAIL OR INCLUDE A BRIEF DESCRIPTION OF YOUR COMPANY AND PRODUCTS WITH YOUR REGISTRATION

Company: _____

Contact Person: _____

Address: _____

Contact Phone: _____

City/State/Zip: _____

Contact Email: _____

Website Address (for program book): _____

List Up to Four (4) Representatives Attending the EMS Rendezvous

Booth Specifications	Quantity	Cost	Cost	Total
		Before February 1	After February 1	
Premium Booth (10' x 20' in prominent location!)		\$725	\$825	
Standard Booth (10' x 10')		\$400	\$500	
Additional 10'x10'		\$275	\$300	
Vehicle Space		\$550	\$650	
Additional Vehicle Space		\$275	\$300	
Additional Table(s) (no tablecloth or skirting)		\$15	\$20	
Additional Table(s) (with tablecloth and skirting)		\$55	\$60	
220v Electricity (110v Electricity is included with all booths)		\$30	\$35	
Additional Representative(s) (Four included with registration)		\$15	\$20	
Booth Total				

Sponsorship Opportunities

Sponsorship Type	Amount	Quantity	Total
Break Sponsor (3)	\$200.00		
Attendee Packet Insert (3)	\$200.00		
Keynote Sponsor (4)	\$200.00		
Service Leader Meeting (1)	\$250.00		
Big Door Prize (5)	\$300.00		
Medical Director Lunch (1)	\$300.00		
Conference App Sponsor (1)	\$300.00		
Notepad Sponsor (1)	\$750.00		
Friday Attendee Lunch (1)	\$1000.00		
Bottles Water Sponsor	\$300.00		
IC Refresher Sponsor	\$250.00		
Cash Bar Sponsor	\$300.00		
Banquet Sponsor	\$300.00		
Preconference Break Sponsor	\$200.00		
Friday Night Entertainment	100.00		
Sponsorship Totals			

Payment Information

Booth Locations Request :

1st Preference _____ 2nd Preference _____ 3rd Preference _____

Booth Cost _____ + Sponsorship Cost _____

Total Amount _____

**Booths will be assigned on a first come-first serve basis and will only be held once payment is received*

An updated tradeshow floor plan can be viewed online at www.ndemsa.org

Payment: _____ Payment by Check is Enclosed _____ Credit Card
(circle) VISA MASTERCARD Discover

Name on Card: _____

Expiration: _____ Security Code: _____

Card Number: _____

Signature: _____

Please remit this agreement, along with payment, to:

NDEMSEA, 1622 East Interstate Ave, Bismarck, ND 58503

Email to ndemsa.office@ndemsa.org