



The "SUMMIT" in Provo – 42nd Annual Prehospital Emergency Care Conference

2018 Exhibitor Registration Form + November 7-10, 2018

EXHIBITOR COMPANY NAME (AS YOU WISH IT TO APPEAR ON ATTENDEE COMMUNICATION AND MARKETING MATERIALS)		
ADDRESS (INCLUDE PO BOX)		
CITY	STATE	ZIP
COMPANY CONTACT PERSON		COMPANY CONTACT PHONE
COMPANY CONTACT E-MAIL (REQUIRED)		ON-SITE STAFF CELL PHONE
FULL NAME(S) OF EXHIBITOR'S STAFF WHO WILL BE ON-SITE FOR EVENT		ON-SITE STAFF E-MAIL ADDRESS(ES)

Exhibitor Booth Packages

- \$450.00** **Single Booth (10 x 10)**
- \$600.00** **Double Booth (20 x 10)**
- \$550.00** **Ambulance**
- Contact Elle** **Fire Engine / Apparatus / Additional space need (Contact Elle, 801-856-6122)**

Power for exhibit space is available at an additional charge through the Utah Valley Convention Center. Contact Justin at jaquino@utahvalleycc.com Ph: 801-851-2211, Fax: 801-851-2220, <http://www.utahvalleyconventioncenter.com/exhibitor-services>

Strategic Marketing Options for Exhibitors

- \$250.00** **+ Add upgraded Conference Mobile App Marketing Package**
- \$100.00** **+ Add inclusion on (1) e-mail blast pre-event to attendees**

\$ **Total Due**

<input type="checkbox"/> Credit Card		CARDHOLDER NAME
BILLING ADDRESS		
CITY	STATE	ZIP
CARD NUMBER	EXPIRATION DATE	CVV CODE
AUTHORIZED SIGNATURE	DATE	
CONTACT PERSON	CONTACT PERSON PHONE	
E-MAIL ADDRESS (REQUIRED FOR CREDIT CARD PAYMENT)		

MAKE CHECKS PAYABLE TO EMS Associates and mail to:

Payment Due by: October 15, 2018

**Framework Meetings & Destinations
ATTN The "SUMMIT" in Provo Registration
2192 E. Grandview Drive
Coeur d'Alene, ID 83815**

Please contact Elle at ems_conference@msn.com with questions.

Date received: _____