EMS Region III Annual Conference 2024 Exhibitor Registration Form Exhibitor Show, April 26-April 28, 2024 – Ruidoso Convention Center



Exhibitor Information

Name			
Company			
Address			
City	State	Zip	
City Phone/Cell	Fax		
Email			

Booth Representatives

Name	
Name	
Name	
Name	

Registration Fees

10 X 10 Booth @ \$700 Extra 10 X 10 Booth @ \$500 10 X 25 Ambulance Space @ \$1,200 10 X 40 Large Vehicle Space @ \$1,700 Extra Booth Staff @ \$25

If vehicle, what

TOTAL \$

Sponsorships

Title Title Title Title

> Conference Shirts @ \$1,500 Conference Bags @ \$1,500 Bottled Water w/ Company Logo @ \$1,500 Badge Lanyards @ \$1,500 Breakout Session Refreshment Breaks @ \$500 Friday Night Bar-B-Q and DJ @ \$500 Notebooks & Pens @ \$2,500 Coffee Tumbler @ \$2,500

Methods of Payment (If paying by credit card, you may fax your completed form to EMS Region III at 575-769-3485)

F	Checks (Payable to EMS Purchase Order (PO mu	e ,	
	Credit Card		MasterCard Discover
	Cardholder Name Credit Card Number Expiration (MM/YY)		
For Office Use	Only		
Date Received	Type of Payment	Amount of Payment	Confirmation