



Exhibitor Registration

36th Annual Arrowhead EMS Conference & Expo
 "Going the Distance for EMS"
 January 20-24, 2016

All contact information will be published as printed on this form unless otherwise instructed.

Organization Name:		Type of Service and/or Product:	
Business Contact:		Exhibiting Contact:	
Mailing Address:		Phone:	
City, State & Zip:		Cell:	
Phone:		E-mail Address:	
Email:		Website Address:	

Booth Options

Early Rate
Ends 8/31/15
Regular Rate
Starts 9/1/15

Vehicle Options

Early Rate
Ends 8/31/15
Regular Rate
Starts 9/1/15

One 8x10 Booth (includes 2 name badges)	Early Rate Ends 8/31/15	Regular Rate Starts 9/1/15		One Vehicle Space (includes 2 name badges)	Early Rate Ends 8/31/15	Regular Rate Starts 9/1/15			
1.	\$625	\$700	\$	1.	\$575	\$650	\$		
2.				2.					
Two 8x10 Booths (includes 4 name badges)	\$1125	\$1260	\$	Two Vehicle Spaces (includes 4 name badges)	\$1035	\$1170	\$		
1.				1.					
2.				2.					
3.				3.					
4.				4.					
Additional Name Badges (each badge includes 2 lunches)		\$50 each		Additional Name Badges (each badge includes 2 lunches)		\$50 each			
1.			\$	1.			\$		
2.			\$	2.			\$		
3.			\$	3.			\$		
4.			\$	4.			\$		
Booth Sub-Total				Vehicle Sub-Total					
\$				\$					
Brochure Advertisement Option <input type="checkbox"/> \$350 Quarter Page Ad (4.25 x 5.5) <input type="checkbox"/> \$560 Half Page Ad (8.5 x 5.5) <input type="checkbox"/> \$980 Full Page Ad (8.5 x 11) \$									
Email artwork to brenda@arrowheadems.com by 10/29/15						Exhibitor Cancellation Policy: 50% refund if requested in writing by 10/29/15		Grand Total	\$

Payment Options:
 Purchase Order
 Credit Card
 Check Enclosed

Purchase Order # _____ **Company Name:** _____ **Billing Contact Name:** _____
Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Billing Contact Phone:** _____

Credit Card Payment:
 Visa
 MasterCard
 Discover
 Credit Card # _____ Expiration Date: ____/____/____
Cardholder Name: _____ **Cardholder Email:** _____
Billing Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Cardholder Signature:** _____

On-Line Registration: www.arrowheadems.com
Fax Registration: 218-726-0073
Questions: 218-726-0070
Mail Registration: Arrowhead EMS Association ♦ 4219 Enterprise Circle ♦ Duluth, MN 55811