



# Exhibitor Registration

37<sup>th</sup> Annual Arrowhead EMS Conference & Expo  
 "Going the Distance for EMS"  
 January 18-22, 2017

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 8/31/16  
Regular Rate  
Starts 9/1/16

## Vehicle Options

Early Rate  
Ends 8/31/16  
Regular Rate  
Starts 9/1/16

One 8x10 Booth (includes 2 name badges)	Early Rate Ends 8/31/16 \$650	Regular Rate Starts 9/1/16 \$725	\$	One Vehicle Space (includes 2 name badges)	Early Rate Ends 8/31/16 \$600	Regular Rate Starts 9/1/16 \$675	\$	
1.				1.				
2.				2.				
Two 8x10 Booths (includes 4 name badges)	Early Rate Ends 8/31/16 \$1150	Regular Rate Starts 9/1/16 \$1275	\$	Two Vehicle Spaces (includes 4 name badges)	Early Rate Ends 8/31/16 \$1050	Regular Rate Starts 9/1/16 \$1200	\$	
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 \$				
<b>Brochure Advertisement Option</b> <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 <a href="mailto:sarah@arrowheadems.com">sarah@arrowheadems.com</a> by 10/29/16						Exhibitor Cancellation Policy: 50% refund if requested in writing by 10/29/16		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](http://www.arrowheadems.com)    Fax Registration: 218-726-0073    Questions: 218-726-0070  
 Mail Registration: Arrowhead EMS Association ♦ 4219 Enterprise Circle ♦ Duluth, MN 55811