



# Exhibitor Registration

35<sup>th</sup> Annual Arrowhead EMS Conference & Expo  
 "Going the Distance for EMS"  
 January 21-25, 2015

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 8/4/14

Regular Rate  
Starts 8/5/14

## Vehicle Options

Early Rate  
Ends 8/4/14

Regular Rate  
Starts 8/5/14

One 8x10 Booth (includes 2 name badges)	Early Rate Ends 8/4/14	Regular Rate Starts 8/5/14		One Vehicle Space (includes 2 name badges)	Early Rate Ends 8/4/14	Regular Rate Starts 8/5/14		
1.	\$580	\$610	\$	1.	\$525	\$550	\$	
2.				2.				
Two 8x10 Booths (includes 4 name badges)	\$980	\$1065	\$	Two Vehicle Spaces (includes 4 name badges)	\$920	\$965	\$	
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"/> \$325 Quarter Page Ad (4.25 x 5.5) <input type="checkbox"/> \$500 Half Page Ad (8.5 x 5.5) <input type="checkbox"/> \$950 Full Page Ad (8.5 x 11)								
Email artwork to <a href="mailto:brenda@arrowheadems.com">brenda@arrowheadems.com</a> by 9/2/14				Exhibitor Cancellation Policy: 50% refund if requested in writing by 10/30/14				
							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