

EMS REGION III 2008 "PARTNERS FOR LIFE" CONFERENCE

EXHIBITOR APPLICATION FORM

APRIL 21 – April 27, 2008, Ruidoso, New Mexico

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COMPANY NAME

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CONTACT PERSON (FIRST AND LAST NAME)

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MAILING/BILLING ADDRESS

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CITY

STATE

ZIP CODE

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DAYTIME PHONE NUMBER

COMPANY EMAIL

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FAX NUMBER

REPRESENTATIVE'S EMAIL

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ADDITIONAL REPRESENTATIVE (FIRST AND LAST NAME)

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ADDITIONAL REPRESENTATIVE (FIRST AND LAST NAME)

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PLEASE RESERVE THE FOLLOWING EXHIBIT SPACE (S):

Standard Exhibitor Booth – 10x10 \$450.00 – Total \$ _____

_____ # Additional Exhibitor Booth (s) \$250.00 – Total \$ _____

Vehicle Space \$550.00 – Total \$ _____

_____ # Additional Vehicle Space (s) \$350.00 – Total \$ _____

Extra Meal Tickets (# _____ x) \$35.00 – Total \$ _____

Will your company be providing a door prize? YES _____ NO _____

TOTAL AMOUNT \$ _____

METHOD OF PAYMENT: Please check appropriate box

<input type="checkbox"/> Money Order - # _____ <input type="checkbox"/> Purchase Order – Original PO must be attached <input type="checkbox"/> Check - # _____ <input type="checkbox"/> Cash	Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Account Number: Expiration Date: Card Holder Name:
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Return exhibitor application form (page 2 of contract) with appropriate payment to:

EMS REGION III – EXHIBITOR SHOW, PO BOX 1895, CLOVIS, NM 88102-1895

Signed _____ Contact Person _____ Date _____

I have read, understand and will adhere to the terms as listed on page 1 & 2 in this contract.

***** FOR EMS REGION III USE ONLY *****

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Date Invoiced

Vendor Number

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Total Exhibitor Fee

Type of Payment (PO, check, cash, credit card, money order)