

LAST BLAST OF SUMMER 2009 KEMSA CONFERENCE

Exhibitor Registration Form

Please complete this form and return. A complete schedule and further details will be sent with exhibitor confirmation materials.

COMPANY NAME _____

YOUR NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____ **CELL** _____

EMAIL _____ **EMAIL OF PERSON EXHIBITING** (if different) _____

_____ I am a **KEMSA Corporate Sponsor**. KEMSA will contact you to make your arrangements.

_____ I am not a KEMSA Corporate Sponsor but want to be contacted or learn more about becoming one. <http://kemsas.org/sponsorships.html>

_____ I would like a **small booth** (one 6' table + 2 nights basic room charge + lunches) @ \$550. \$500 total if you register before July 1st.

_____ I would like a **large booth** (two 6' tables + 2 nights basic room charge + lunches) @ \$650. \$600 total if you register before July 1st.

_____ I would like an **ambulance booth** (one 6' table + 2 nights basic room + lunches) @ \$750. \$700 total if you register before July 1st.
How many ambulances will you be bringing? _____

_____ I will have a **manufacturer representative** with me in my booth @ \$120 cost. Lunches are included in this price, however, the price does not include hotel accommodations. You or the manufacturer representative will have to arrange and pay for the hotel.

Name of rep _____ Company _____

Name of rep _____ Company _____

_____ I do need the **room reservation**. Name(s) on Reservation: _____

Check room type and smoking preference: Double King Either All Marriott rooms are non-smoking

(Your room reservations will be made by KEMSA at special room rate block)

_____ I do not need the room reservation. Deduct \$180 (\$90/night) from your booth price.

_____ I need more space - please contact me. (this must be detailed at time of reservation, not when you get there.)

_____ I need **electricity** for my booth. _____ 1 outlet (\$25); _____ 2 outlets (\$50)

Name for name badges: 1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

_____ I will need extra lunch tickets (\$25 per ticket per day) for extra persons attending. How many extra persons attending? _____

_____ I will **donate** something for the door prizes.

_____ I want to **sponsor the following event** as event listed on page 4 _____ Contact Greg Schuessler.

>>>>> **Non-sponsor total cost due:** Booth + Manuf. Rep(s) + Extra Food for Persons Attending – Cost of No Hotel Room = \$ _____

>>>>> **Sponsorship total cost due:** Sponsorship \$ _____ + Manuf. Rep(s) + Extra Food for Persons Attending +/- Hotel = \$ _____

_____ I paid online at www.kemsas.org.

_____ I submitted payment or a P.O. to Dalene Deck at the address below.

Mail or Fax Registration form to:

Greg Schuessler

1015 Stillwell

Wichita, Kansas 67213-4450

Ph: 316.660.7976 Fax: 316.383.7338

Email: gschuess@sedgwick.gov

Mail Payment or P.O. to:

Dalene Deck

11822 W. Pine

Wichita, Kansas 67212

Phone: 316-660-7983

If you need a billing invoice, contact Dalene