**The *“SUMMIT” in Provo*** – **44th Annual Prehospital Emergency Care Conference**

**2020 Exhibitor Registration Form 🟅 November 12-14, 2020**

|  |
| --- |
| Exhibitor Company Name ***(as you wish it to appear on attendee communication and marketing materials)*** |
|  |
| Address (include PO Box)  |
|  |
| City | State | Zip |
|  |  |  |
| Company Contact Person | Company Contact Phone |
|  |  |
| Company Contact E-mail (required) | On-Site Staff Cell Phone |
|  |  |
| Full Name(s) of Exhibitor’s staff who will be on-site for event | On-site staff e-mail address(es) |
|  |  |
| **Exhibitor Booth Packages** |
| [ ]  **$150.00 Single Booth (10 x 10)**[ ]  **$250.00 Double Booth (20 x 10)**[ ]  **$350.00 Ambulance**[ ]  **$650.00 Fire Engine / Apparatus / Additional space need**  |
| * **IMPORTANT NOTE**: Power for exhibit space is available at an additional charge through the Utah Valley Convention Center. Contact Becca at brichardson@utahvalleycc.com Ph: 801-851-2211, Fax: 801-851-2220, <http://www.utahvalleyconventioncenter.com/exhibitor-services>
 |
| **Strategic Marketing Options for Exhibitors** |
| [ ]  **$250.00 + Add upgraded Conference Mobile App Marketing Package**[ ]  **$100.00 + Add inclusion on (1) e-mail blast pre-event to attendees** |
|  **$** | **Total Due** |
| [ ]  **Credit Card**  | Cardholder Name |
|  |
| Billing Address |
|  |
| City | State | Zip |
|  |  |  |
| Card Number | Expiration Date | CVV Code |
|  |  |  |
| Authorized Signature | Date |
|  |  |
| Contact Person | Contact Person Phone |
|  |  |
| E-mail Address (required for credit card payment) |
|  |

***MAKE CHECKS PAYABLE TO EMS Associates and mail to:* Framework Meetings & Destinations**

**ATTN: The *“SUMMIT”* in Provo Registration**

 **Payment Due: October 26, 2020 2192 E. Grandview Drive**

 **Coeur d’Alene, ID 83815**

Please contact Elle at **ems****conference@msn.com** with questions.Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_