

Oregon EMS Conference 2018 - Exhibitor Registration Form

September 27, 28 & 29 -- Salem Convention Center, Salem, OR

Exhibit Thursday, 4:00-6:30pm (set up time 12p-3pm)
(managers & physician supervisors invitation only vendor reception)

Exhibit Friday, 7am-5:30pm *(door prizes drawing 5-5:30pm)*

We will also attend Saturday, 7am-1:30pm

See attached Exhibit Time Schedule for move in and set up times.

Make checks payable to:

OTREF (Oregon Trauma Research & Education Foundation)
 Reference Oregon EMS Conference 2018

NOTE:

New payment address

Mail payment & registration to:
Teresa Sielsch
c/o Oregon EMS Conference
4633 NE 84th Avenue
Portland, OR 97220

Visa, Master Card or American Express by fax:
 503-926-9297*

***Credit Card Statements will reflect OTREF as payee.**
Sorry, no Purchase Orders Accepted

REGISTRATION AND PAYMENT

Single (approx. 8' x 10') \$ 499

Double (approx. 16' x 10') \$ 899

Vehicle Space (with electrical outlet) \$ 699

We will provide packet materials \$ 99 Materials must be received by 9/1. Mail to address in box at right. Contact Teresa for quantity at teresa@oregonemsconference.com

Advertise in Conference Brochure. (Mailed to 10,000+ individuals/agencies.) **Ad must be received by May 19th.** Ad sizes approximate.

\$500 half page - 7.5" w x 5" h

\$300 quarter page - 4" w x 5" h

\$200 business card - 3.3" w x 2" h

Advertise in CE Booklet. (Distributed to attendees, kept for 2 years.) **Ad must be received by August 18th.** Ad sizes approximate.

\$500 full page - 4.5" w x 6" h

\$300 half page - 4.5" w x 3" h

\$200 business card - 3.3" w x 2" h

Exhibitor Information: (Please review the attached "Exhibit A" - Responsibility Clause for Exhibitors)

Company	Local Rep	E-mail
Street	City	State
Phone	Cell	Web Site
		Zip

Name(s) to appear on attendee badge(s).

1. E-mail

2. E-mail

Comments/Special Needs

Visa or MasterCard by fax; (503-926-9297), telephone; (503-781-9405) or email; teresa@oregonemsconference.com

Visa Master Card American Express Statement will reflect OTREF as payee.

Name Card # Exp Date

Address

Please invoice us. Email invoice to: Name E-mail