

**Oregon EMS Conference 2020 - Sponsor Registration Form**  
**September 24, 25 & 26th - Deschutes County Fair & Expo Center**  
**Redmond, Oregon**

**Exhibit Thursday 24th 4:00-6:30 pm**  
**(set up time 12p-3pm)**

Managers & Supervising Physician invitation  
 reception

**Exhibit Friday 25th 7AM-5:00 PM**

(Door Prize Drawing 2:30-3:30)

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

**Friday Afternoon / Evening Breakdown!**  
**Saturday Exhibit Time available by request**

**Platinum Sponsor      \$3000**

**ADDITIONAL SPONSORSHIP OPPORTUNITIES**

- Break Sponsorship      \$250      (4) Available      Break in the Exhibit Hall for the attendees**
- Vendor Reception      \$500      (1) Available      Thursday night vendor reception in the Exhibit Hall**
- Lunch Sponsorship      \$750      (2) Available      Lunch in the Exhibit Hall**
- Speaker Sponsorship      \$1000      (15) Available      Signage in classes , CE Brochure, and Website**
- OTHER AMOUNT \$ \_\_\_\_\_**

**EXHIBITOR INFORMATION      (Please review the attached "Exhibit A" - Responsibility Clause for Exhibitors)**

Company \_\_\_\_\_ Local Rep \_\_\_\_\_ Email \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Website \_\_\_\_\_

Name (s) to appear on vendor badge (s)

1. \_\_\_\_\_ Email \_\_\_\_\_

2. \_\_\_\_\_ Email \_\_\_\_\_

**Call with Credit Card Information Please**       **Check**      Statement will show OREMSA  
 Name \_\_\_\_\_ Company \_\_\_\_\_ Date \_\_\_\_\_

**Please Invoice us. Email invoice to: Email \_\_\_\_\_**

**Make checks payable to:**  
**OREMSA      Oregon EMS Association**  
 Visa, Master Card or American Express or Check  
 Credit Card Statements will reflect OREMSA as payee.  
**Sorry, no Purchase Orders Accepted**

**Send Payment and Registration form to:**  
**Oregon EMS Association**  
 PO Box 31  
 Vernonia, OR 97064  
 davelapof@oregonems.org  
 541-272-1958

**Comments / Special Needs \_\_\_\_\_**