

Exhibitor Contract

NVMA 2022 Annual Conference

Company _____

Name _____

Address _____

City/State/Zip _____

Contact Person/Title _____

Phone _____

Email of contact person _____

Signature of authorized individual _____

Printed name of authorized individual _____

Maximize your presence at the NVMA conference -- select sponsorship level and/or other supporting opportunities below.

- Platinum \$7,000
- Gold \$5,000
- Silver \$3,500
- Bronze \$2,000
- Honorable mention (no booth) \$500
- Exhibit Booth \$800
- Double Exhibit Booth \$1,450

Electricity at booth -- you will need to supply your own extension cord and/or power strip.

Supporting sponsorship -- first come, first served

- Convention bags \$1,000
- Lanyards \$700
- Advertising in Registration packet full page insert provided by company 250
- Friday lunch promo spot (five available) \$250
- Casino Night (five available) \$250

Total Exhibit/Sponsor Fees _____

Assignment of Space Booth assignment is based on sponsorship level, those who previously displayed at our state meetings, date of receipt of contract and payment, and proximity to competitive or conflicting organizations.

List any organizations you do not wish to be located near, BE SPECIFIC

Badges List the names (as you would like them printed) and phone numbers of those individuals who will represent your company. Two are complimentary.

1. _____ Phone _____ Complimentary
2. _____ Phone _____ Complimentary
3. _____ Phone _____ \$20.00
4. _____ Phone _____ \$20.00

Total Badge Fees _____

Meal Tickets: You receive two (four with a Double Booth) complimentary lunch tickets for Thursday and Friday. To help conserve costs, please request only the meal tickets that will actually be used.

Please mark the tickets you will need below. Fill this out only if you plan to eat.

Business Luncheon 12-2 pm Thurs. # Comp: _____ # Additional: _____ x**\$28**

Lunch 12-1 pm Fri. # Comp: _____ # Additional: _____ x**\$28**

Total Meal Ticket Fees _____

Payment

Exhibit/Sponsor fees _____ Badge fees _____ Meal ticket fees _____

TOTAL _____

Make check for total payable to NVMA and mail with a copy of this contract to NVMA, PO Box 77, Lyndon, Kansas 66451.

If paying by credit card

Card Number: _____

Expiration Date: _____ 3-digit code: _____

Name on Card: _____

Billing address: _____

City/State/Zip: _____

Signature Note: All applications must be signed in order to confirm booth reservations.

I understand, and agree to abide by, the official regulations provided.

Signature: _____ Date: _____

Mail Contract to: NVMA, PO Box 77, Lyndon, KS 66451

Questions: (402) 463-4704 or email Megan Kilgore at nvmaorg@gmail.com

Keep a copy of this contract for your records.

Nebraska Veterinary Medical Association

