



New Jersey Statewide Conference on EMS

November 9, 10 & 11, 2017

(Move-In: November 9 – 8:00am to 12:00noon)

EXHIBITOR FORM

Company: _____

Mailing Address (no PO's please): _____

City, ST Zip: _____ Phone: _____

*CONTACT NAME: _____

*CONTACT EMAIL: _____

**(IMPORTANT! The person listed here will be your KEY CONTACT for your exhibit and should be responsible for disseminating all relevant conference information to your exhibiting team.)*

Representatives Attending the Conference: Your display includes **2** on-site representatives.

Name (1): _____

Name (2): _____

Additional Representatives: \$100 additional fee each

Name (3): _____

Name (4): _____

Level of Sponsorship:

- Diamond (\$9,000) Platinum (\$6,000) Ambulance Display (\$4,000)
- Gold (\$3,500) Silver (\$2,500) Bronze (\$1,500) Half-page Program Ad (\$750)

Remit payment in full with contract to: **2017 NJ Statewide Conference on EMS**

c/o Candida Taylor

Tel: 609/393-1613 - Fax: 609/394-7712

224 West State St., Trenton, NJ 08608

Make checks payable to: NJAFP/NJ EMS Conference

Method of payment: Check Visa MasterCard American Express

Card #: _____ Exp. Date: _____

Name (as it appears on the card): _____

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Billing address for card: _____

COMPLETE THIS FORM & RETURN WITH PAYMENT NO LATER THAN OCTOBER 1, 2017. CONTRACTS RECEIVED AND PAID IN FULL BY APRIL 15, 2017 RECEIVE A 10% DISCOUNT.

Space is Assigned First Come/First Served.

If paying by credit card, email contract to candida@njemsconference.com

Questions? Call Candida Taylor at (609)393-1613 or (609)392-6505