



# IAEMSC

International Association of Emergency Medical Services Chiefs

## Exhibitor Registration

Company Name:

Company Address:

Representative Contact Name:

Representative Contact Email:

Representative Contact Phone:

### Size of Booth Requested:

10x10\_\_\_ (\$2,000.00)

10x20\_\_\_ (\$3,800.00)

(Contact IAEMSC for larger size availability.)

**Each vendor is allocated two attendees for each 10 x 10 booth space:**

**Attendee Name:** \_\_\_\_\_

**Attendee Name:** \_\_\_\_\_

**Attendee Name:** \_\_\_\_\_

**Attendee Name:** \_\_\_\_\_

**Booth assignment based upon first paid-first assigned. All invoices must be paid 30 days in advance of the event.**

Payment Options:

\_\_\_Paypal

\_\_\_Invoice

\_\_\_Credit Card

Company description (for publication in Summit Brochure-max of 300 words):

Please attach or submit a 300 word description.