



## NEBRASKA CMSA PROGRAM EXHIBITOR/ SPONSOR AGREEMENT

Program Title: 2010 SPRING FLING FORUM

Program Date: April 30, 2010

Location: Holiday Inn Central 72<sup>nd</sup> & Grover St. Omaha, NE

---

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Check One: (see page 2 for detailed fee and benefit information and terms and conditions of this agreement)

We would like to serve as a sponsor for the 2010 Spring Forum (\$500)

We would like to be an exhibitor for the 2010 Spring Forum (\$200)

We would like to serve NE CMSA with a benefactors donation of \$\_\_\_\_\_.

We do  / do not  need an electrical outlet.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

Deadline(s): March 10, 2010 e-mail copy of form to [Becky Bianchi@corvel.com](mailto:Becky_Bianchi@corvel.com)

March 30, 2010 mail registration & payment as follows:

1. Make Checks, Money Order, or Official Purchase Order payable to: CMSA Nebraska Chapter
2. Please e-mail this form to and mail payment to:

Nebraska CMSA Treasurer  
PO Box 24001  
Omaha, NE 68124-0001

---

### **Sponsor Fee and Benefits:**

Fee: \$500.00

**Benefits:**

- Display Table (1)
- Meals & Breaks for (2) persons
- Acknowledgement in NE CMSA Newsletters
- May provide handouts for attendee program folders
- Recognition during the program
- Attend program free of charge + educational contact hours for Nurses, CCM's, PT's, and OT's
- Recognition on Exhibit Hall Poster

### **Exhibitor Fee and Benefits:**

Fee: \$200.00

**Benefits:**

- Display Table (1)
- Attend program free of charge
- Meal & Breaks for (1) person
- Recognition on Exhibit Hall Poster
- Attend program free of charge + educational contact hours for Nurses, CCM's, PT's, and OT's

**Benefactor Donations:** *Donations equivalent to or exceeding either Exhibitor or Sponsor level receive benefits equivalent to that level.*

### **Terms and Conditions**

1. A completed Sponsor/Exhibitor Agreement will be returned to NE CMSA by e-mail as soon as possible to [Becky Bianchi@corvel.com](mailto:Becky_Bianchi@corvel.com) in accordance with the date on the agreement.
2. An original signed copy of the form with payment will be mailed to the NE CMSA Treasurer in accordance with the date on the agreement.
3. A confirmation letter with instructions for the day of the seminar will be sent once registration and payment are confirmed.
4. Cancellation and Refund requests will not be accepted after April 1, 2010. Requests must be submitted in writing to: J. Ewell, President NE CMSA PO Box 24001 Omaha, NE 24001

For Questions, contact: [Becky Bianchi@corvel.com](mailto:Becky_Bianchi@corvel.com) or [martha.bird@bcbnsne.com](mailto:martha.bird@bcbnsne.com)

***THANK YOU FOR YOUR GENEROUS SUPPORT OF NEBRASKA CMSA!***

