

NEBRASKA BRAIN INJURY CONFERENCE

2018 Exhibitor Information

Reserve your exhibit space online at www.biane.org/events/exhibitor

MARCH 22 & 23, 2018 • KEARNEY, NEB.

Your agency, business or organization is invited to exhibit at the annual Nebraska Brain Injury Conference.

The Brain Injury Alliance of Nebraska presents this conference, which draws around 250 participants. Approximately 175 of those are health professionals who work with persons who have brain injuries and 75 attendees are individuals with brain injury, family members or caregivers. This is a prime location to promote your business or service to members of these audiences.

CONFERENCE LOCATION

The conference is at the Younes Conference Center, 416 Talmadge Road in Kearney, Neb. It is located directly behind the Holiday Inn; Talmadge Road is at the first intersection at the light north of I-80.

Lodging is not included in the exhibitor fee. You must make your own hotel reservations. Several hotels located near the Younes Conference Center are listed on our website below.

Please go to the BIA-NE website for to register your booth or make a lodging reservation <http://biane.org/events-programs/conference/>.

DEADLINE FOR APPLICATION

Applications for exhibits must be received, with payment, no later than **Thursday, March 15, 2018.**

REGISTRATION INFORMATION

One registration is included with your booth. This includes breaks, lunch and all sessions. If paying for additional staff, please provide names for all of your staff members attending as name badges are made in advance. If not registering your booth online, please complete registration form on the next page and mail with check.

Fee: \$325 booth & registration for one (all meals & sessions)

Fee: \$200 for additional representatives in booth (all meals & sessions)

REGISTRATION PACKET INFORMATION

To help promote your business/agency in the participant packet information, provide 50 words on the following page describing your products or services or on the online reservation.

No refunds after March 19, 2018

PAYMENT OPTIONS

1. **Register your booth online at BIA-NE - www.biane.org/events/conference/exhibitors/register**
2. **Or mail check with the payment form on page 2**

EXHIBIT SET-UP

Exhibit fee includes **registration for one person** to all conference sessions and meals.

- Exhibit area is 10 ft. by 6 ft. with an 8-ft. table and one chair
- Booths are required to open by 10 a.m. on March 22. Wednesday afternoon setup time from 3 to 5 p.m.
- Tear down can begin after 11:00 a.m. on Friday, March 23
- * *Exhibitors will have time at lunch to discuss their service.*
- * *The conference center provides free, wireless and high-speed Internet access.*
- * *If you require electricity, please indicate that on the contract.*

BOOTH CONDITIONS, RULES AND REGULATIONS

The Alliance reserves the right to refuse the application of any party. The exhibitor agrees to make payment for space as outlined in this agreement. The BIA-NE shall determine the allocation of area and space. In no event shall the Alliance be responsible for any loss of or damage to exhibitor property.

NEBRASKA BRAIN INJURY CONFERENCE 2018 Exhibitor Registration Form

EXHIBITOR INFORMATION

Reserve Exhibit Space online

www.biane.org/events/conference/exhibitors

OR

Mail or email signed contract to:

Nebraska Brain Injury Alliance

Attn: Cindy Evert Christ

2301 NW 50th Street

Lincoln, NE 68524

Email: cindy@biane.org

(With mail, payment must be mailed)

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REGISTRATION PACKET INFORMATION

To help promote your business/agency in the
registration information, please provide
information about your products or services (50-
word limit.) You can also do this when you
register online, or email to cindy@biane.org:

**I understand/agree to the terms of the Booth
Conditions, Rules and Regulations on page 1.**

(Must be signed to guarantee exhibit space)

Representative Signature

Date

COMPANY/AGENCY DATA

Fee: \$325

Company _____

Name of Person who will staff exhibit booth:

Title _____

Address _____

City/State/Zip _____

Company # or 800 _____

Staff Telephone _____

Email _____

Website _____

Electricity needed? Yes ___ No ___

___ *Additional Representative Fee: \$200*

Additional Representative in Booth:

Name _____

Title _____

Email _____

PAYMENT OPTIONS

___ Reserve exhibit space at BIA-NE online

www.biane.org/events/conference/exhibitors

\$ ___ Send this form & check payable to BIA-NE

\$ ___ Additional amount to support the BIA-NE

TOTAL PAYMENT \$ _____



Thank you! We appreciate you as a partner.