

# EXHIBITOR PRE-REGISTRATION FORM

## Nebraska Agri-Business Exposition

Tuesday - Wednesday, January 8-9, 2019

CHI Health Center

Omaha, Nebraska

### REGISTRATION INSTRUCTIONS FOR EXHIBITORS

1. **Deadline for Pre-registration Is December 21, 2018. No Refunds for Registrations after December 21, 2018.**
2. **Two Persons Free per Booth, up to a Maximum of 10 People.** Exhibitors with blocks of space: divide square footage by 100 to get equivalent booth spaces you have rented. i.e. a 20' x 30' block = 600 sq. ft. ÷ 100 = 6 spaces. While this example looks as though it should have 12 free registrations the maximum is 10, therefore, only 10 free registrations are available to this exhibitor. Additional registrations are charged at the exhibitor rate.
3. **Exhibit Personnel must Be Employed by the Firm Occupying the Space. No Exhibitor Badges Will Be Allowed to Reflect Any Other Company Name. If company name is different, please register as a Supplier Non-Exhibitor.**
4. **Additional Exhibit Personnel above the Free Registrations must Pre-register at \$25.00 Each.**
5. **Late Registrations: Registrations Received after December 21, 2018 Pay the Registration Fees of \$40.00 per Person.**
6. **Registration Materials Available at the CHI Health Center:** Main Entrance Lobby: Monday, 10:30 a.m. - 5:00 p.m., Tuesday, 7:30 a.m. - 5:00 p.m. and Wednesday, 7:30 a.m. - Noon.
7. **Set up Day:** Monday, January 7, 2019, 8:00 a.m. - 6:00 p.m.

### REGISTRATION INSTRUCTIONS FOR SUPPLIER NON-EXHIBITORS & SPOUSES

1. **Supplier Non-Exhibitor Registrations:** Any person working for a manufacturer, wholesale distributor or any type of supplier to the agri-business retail industry without exhibit space may register under this category. Advanced fee is \$250.00. Registrations after December 21, 2018 pay the at-door fee of \$300.00 each.
2. **Spouse Registrations:** For the trade show are \$25.00 in advance. Regular registration fees after December 21, 2018 for spouses is \$40.00.
3. **Registration Materials:** Pick up your materials Tuesday-Wednesday, January 8-9, 2019 at the Main Entrance of the CHI Health Center.

### PLEASE MAKE PHOTOCOPY OF THIS FORM FOR YOUR FILES

WRITE NAMES LEGIBLY AND AS YOU WISH TO SEE THEM ON YOUR BADGE

**PLEASE PRINT CLEARLY**

Free Exhibitor  
 \$25.00 Advanced Exhibitor  
 \$40.00 After 12/21/18 Exhibitor  
 \$250.00 Advanced Supplier Non-Exh  
 \$300.00 After 12/21/18 Supplier Non-Ex  
 \$25.00 Advanced Spouse  
 \$40.00 After 12/21/18 Spouse

**COMPANY:** \_\_\_\_\_  
 (Company Name on Exhibitor Badges must be the same as the Booth Sign Name per Contract)

		Reg Amt
1	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NAME: _____ \$ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> Address: _____ City, State, Zip: _____ Cell: _____ Email: _____	\$ _____
2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NAME: _____ \$ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> Address: _____ City, State, Zip: _____ Cell: _____ Email: _____	\$ _____
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7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NAME: _____ \$ _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> Address: _____ City, State, Zip: _____ Cell: _____ Email: _____	\$ _____

8. **TOTAL AMOUNT OF CHECK - Payable to NeABA (Transfer amount to line 16 of Contract for Exhibit Space)** Lines 1-7 \$ \_\_\_\_\_  
**To Pay by Credit Card, please complete the information below:**

Please list card type \_\_\_\_\_ Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature: \_\_\_\_\_ Email Receipt to: \_\_\_\_\_  
 Card billing address: \_\_\_\_\_

RETURN ORIGINAL TO:  
**NEBRASKA AGRIBUSINESS ASSOCIATION, INC.**  
 8700 Executive Woods Dr, Suite 400, Lincoln, NE 68512-9612  
 Phone: (402) 476-1528 • E-mail: rbarker@na-ba.com • Web: www.na-ba.com

