



Nebraska Agri-Business Expo EXHIBITOR Registration
January 26-27, 2027 • Younes Conference Ctr N • Crowne Plaza • Kearney, Nebraska



Convention Registration Fees

Includes Awards Reception, Two-Day Trade Show, One Raffle Ticket, and Two Beer Tickets for Tuesday's Social

Registrant Type	Thru Jan. 14, 2027	After Jan. 14, 2027
Free Exhibitor (Registration MUST be in Advance. Two Free Per Booth)	No Charge	\$ 40.00
Paid Exhibitor (All exhibitors pay registration fees after free passes are filled)	\$ 30.00	\$ 40.00
Spouse of a Registrant	\$ 30.00	\$ 40.00
Roaming Exhibitor (Member or Non-Member) <i>Manufacturer, wholesale distributor or any type of supplier to the agri-business retail industry without an exhibit at the show</i>	\$300.00	\$300.00

Free Advance Exhibitor
\$30.00 Advance Exhibitor
\$40.00 After 1/14/26 Exhibitor
\$300.00 Roaming Exhibitor
\$30.00 Advance Spouse
\$40.00 After 1/14/26 Spouse

To Pay by Credit Card, please complete the information below:

Card number _____ Exp. Date _____ Security Code _____

Card Billing Address _____

Email address for receipt _____

(The charge will appear on your statement as "NEBRASKA AGRIBUSINESS")

1 ☐ ☐ ☐ ☐ ☐ ☐ NAME: _____ \$ _____

First Middle Last

Address: _____

City, State, Zip: _____ Cell: _____

Email: _____

Social Drink Tickets _____ x \$10.00 each = \$ _____

2 ☐ ☐ ☐ ☐ ☐ ☐ NAME: _____ \$ _____

First Middle Last

Address: _____

City, State, Zip: _____ Cell: _____

Email: _____

Social Drink Tickets _____ x \$10.00 each = \$ _____

3 ☐ ☐ ☐ ☐ ☐ ☐ NAME: _____ \$ _____

First Middle Last

Address: _____

City, State, Zip: _____ Cell: _____

Email: _____

Social Drink Tickets _____ x \$10.00 each = \$ _____

4 ☐ ☐ ☐ ☐ ☐ ☐ NAME: _____ \$ _____

First Middle Last

Address: _____

City, State, Zip: _____ Cell: _____

Email: _____

Social Drink Tickets _____ x \$10.00 each = \$ _____

5 ☐ ☐ ☐ ☐ ☐ ☐ NAME: _____ \$ _____

First Middle Last

Address: _____

City, State, Zip: _____ Cell: _____

Email: _____

Social Drink Tickets _____ x \$10.00 each = \$ _____

TOTAL AMOUNT ENCLOSED Payable to: Nebraska Agri-Business Association, Inc.....\$ _____

Company: _____

(Company Name on Exhibitor Badges must be the same as the Contract)

RETURN THIS FORM AND YOUR PAYMENT TO: Nebraska Agri-Business Association, Inc.
8700 Executive Woods Dr, Ste 400, Lincoln, NE 68512
Ph: (402) 476-1528 | Email: cschroeder@na-ba.com
Web: www.na-ba.com

**Make copies for your records
and to register more people**

Register Online
@
www.na-ba.com