

**Nebraska Dental Association**  
**Nebraska Dental Association Conference 2019**  
**Exhibitor Request Form**  
April 11<sup>th</sup> & 12<sup>th</sup>, The Cornhusker, A Marriott Hotel  
**IMPORTANT!!: PAYMENT DEADLINE IS MARCH 28, 2019!!**

Please fill out form below completely and mail or fax a copy of this form with payment to:

**The Cornhusker Hotel**  
**Attention: Scott Snavely, Director of Events**  
**333 S. 13<sup>th</sup> Street**  
**Lincoln, NE 68508**

**Email: [ssnavely@thecornhusker.com](mailto:ssnavely@thecornhusker.com) Fax: 402-474-6006**

**ELECTRICAL NEEDS:**

110v LINE- \$35.00 EACH (Includes Power Strip)

\_\_\_\_\_ x \$35.00 per line

220v LINE\* - \$250 EACH

\_\_\_\_\_ x \$250.00 per line

\*Please specify amperage and what phase needed.

**INTERNET/PHONE LINE NEEDS:**

Direct Dial Phone Lines (One-Time \$60 Charge\*)

\_\_\_\_\_ x \$60.00 per line

\*Client responsible for long distance charges.

Wired Ethernet Connection (One-Time \$200 Charge)

\_\_\_\_\_ x \$200.00 per line

(Wireless Internet is Complimentary)

**TOTAL CHARGES:**

**(no tax applies)**

\_\_\_\_\_

**FORM OF PAYMENT: (a receipt will be sent back to you upon receiving payment)**

\_\_\_\_\_ check or money orders enclosed, check # \_\_\_\_\_

\_\_\_\_\_ Am. Express \_\_\_\_\_ Discover \_\_\_\_\_ MasterCard / VISA

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Amount to be Charged: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

**EXHIBITOR INFORMATION—FILL OUT COMPLETELY:**

Name of Exhibitor Company \_\_\_\_\_ Booth: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Call Scott Snavely with questions: 402-479-8228 or email at: [ssnavely@thecornhusker.com](mailto:ssnavely@thecornhusker.com)  
Additional A/V equipment can be arranged through Presentation Services Audio Visual, our in house vendor. Please contact Regan Strukoff at 402-173-2015 or [rstrukoff@psav.com](mailto:rstrukoff@psav.com).