



**Silent Auction**

**Exhibitor Registration Form**

**Contact Information**

Company/Organization Name \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Company Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Check if same as above.

Conference Onsite Company Contact \_\_\_\_\_

Phone or Cellular \_\_\_\_\_

E-mail \_\_\_\_\_

Booth # \_\_\_\_\_

Check if you would like to receive a tax deductible donation letter from NAEMT

Check if the manufacturer will ship product

**Silent Auction Prize**

Item Name \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

Retail Value \_\_\_\_\_

**To participate, simply return a completed NAEMT Silent Auction registration form to Keshia Robinson, NAEMT Office Coordinator, at fax 601-924-7325 or drop off your item with this form to the entrance to the EMS EXPO exhibit hall no later 11:00 a.m., Wednesday, September 29, 2010.**

Direct questions to Keshia Robinson at (601) 924-7744

**Thank you for your contribution and participation!**