

## **EXHIBITOR APPLICATION**

CHI Health Center, Omaha, Nebraska

March 11-13, 2022

Company Name:	
Contact Person:	
Contact Person:Phone Number:	
Address: City:	
City.	state zip Code
☐ Yes, I would like to secure booth space for 2022. D	esired booth Number:
Pricing: In Line Booths \$950, Premium Corner Booths \$1300	(pricing based on PF / QF membership)
☐ Yes, I would like to Learn more about custom integrate	ed sponsorship opportunities, please call me to discuss.
Sponsorship Level: ☐ Diamond ☐ Gold ☐ Silver	□ Bronze □ Custom
☐ Yes, I would like to make a donation*:	
raise additional funds to help protect vital wildlife habitat. Contact r we will recognize your business for your contribution.	ne for more information on how your donation will help and how
Credit Card Information	
Check no OR □ Visa □ Mastercard □ Discover □.  Card Number / / /	·
Name on card (please print)	
Signature:	
Signature authorizes automatic payment.	
Gerry Cliff Phone: (651) 209-4954   Fax: (651) 773-5500 Email: GCliff@pheasantsforever.org	Luc Ramthun Phone: (651) 209-4992   Fax: (651) 773-5500 Email: LRamthun@pheasantsforever.org
FILLED OUT BY PHEASANTS F	FOREVER & QUAIL FOREVER
Booth(s) Booth	size x
Number of booth(s) purchased Total p	
Discount Code Discount \$	Invoice Total \$
Description of Trade (apply as payment using a credit memo)	
	Gold □ Silver □ Bronze □ Custom

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## CHI HEALTH CENTER OMAHA, NEBRASKA

10' x 10' Booth = \$950

10' x 10' Premium Corner = \$1,300

10' x 10' Sponsor Corner (see Sponsorship Levels page for pricing)