

# OMAHA HEALTH EXPO FACTS

**When:** April 6-7, 2019  
**Where:** Baxter Arena Omaha – 67<sup>th</sup> & Center Street  
**Times:** **Saturday, April 6** 10:00 AM – 4:00 PM  
**Sunday, April 7** 10:00 AM – 4:00 PM

## Exhibitors reserve your space NOW!

Don't delay and book your space now! All booth spaces are 10' wide by 10' deep. Exposition agrees to furnish at no additional charge to exhibitor: one 10'X10' cloth booth; one 8' or 6' or 4' table covered and skirted; one standard booth sign; and watchman service. Exhibitors will receive sufficient quantities of tickets for customers and interested prospects. **FREE PARKING is available at Baxter Arena**

**One Booth is \$350.00. Just \$250.00 if you are a Non-Profit. (Add \$50.00 for a corner booth)**  
**10% Discount on the 2<sup>nd</sup> booth and 3<sup>rd</sup> booth. There is a Bulk Rate for 4 Booths or more.**

## Meet face-to-face with your future clients!

Thousands of invitations will go out to: hospitals, clinics, fitness centers, professionals, schools, offices, and many other businesses that are important to you! For more information on the Omaha Health Expo, please see our web site or contact us.

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## 2019 OMAHA HEALTH EXPO APPLICATION FORM

Space will be provided on a first-come, first-serve basis.

Please select your preferred location(s) from the exhibit floor plan enclosed and list the booth choices below. **Please Print or Type.**

**Write or Phone for  
Additional information**

Robert P. Mancuso, Jr.  
Director of Exhibits

(402) 346-8003  
www.showofficeonline.com

**Return Form to:**  
**Fax: (402) 346-5412**

**Or Mail to:**  
**OMAHA HEALTH EXPO**  
**7015 SPRING ST**  
**OMAHA, NE 68106-3518**

**Or Email to:**  
**info@showofficeonline.com**

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_  
4th \_\_\_\_\_ 5th \_\_\_\_\_ 6th \_\_\_\_\_

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Products or Services: \_\_\_\_\_

Referred by \_\_\_\_\_