

# OMAHA HEALTH EXPO FACTS

**When:** Saturday, March 26th & Sunday, March 27th, 2022  
**Where:** The Center / Omaha Sports Complex (*Just West of 144<sup>th</sup> & Giles*)  
**Times:** Sat. 11:00 AM – 6:00 PM and Sun. 11:00 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' table covered; one standard booth sign; and watchman service. Exhibitors will receive sufficient quantities of tickets for customers and interested prospects.

**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.**

**FREE PARKING & FREE ADVANCE ONLINE REGISTRATION**

## 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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## 2022 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.**

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

**RETURN COMPLETED FORM  
TO:**

**Fax:**

(402) 346-5412

**Mail:**

Omaha Health Expo  
7015 Spring Street  
Omaha, NE 68106-3518

**Email:**

info@showofficeonline.com

**For**

**Additional information**

Mike Mancuso  
Show Manager  
(402) 346-8003  
mmancuso@showofficeonline.com  
www.showofficeonline.com

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

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

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

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

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

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

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

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

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

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

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