

Nebraska Society of Independent Accountants
Seminar Exhibitor Form

Name: _____

Business Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

E-mail Address: _____

Amount Enclosed: \$ _____ *Fee is \$100.00 a day and includes a skirted table, electricity and wireless internet (where available).*

Seminar Information:

Date(s): _____ **Seminar Title:** _____

Location: _____ **Lodging:** _____

Schedule: _____

Form and payment must be received at least one week prior to seminar.

NSIA cannot guarantee a table otherwise.

Please call Mandy at (402) 764-2314 for arrangements.

Mail completed form and check (payable to NSIA) to:

NSIA
PO Box 203
Stromsburg, NE 68666