

**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, wireless internet (where available), lunch for one and an introduction at the seminar.*

**Seminar Information:**

**Date(s):** \_\_\_\_\_ **Seminar Title:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Lodging:** \_\_\_\_\_

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**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**