



Central Nebraska Council on Alcoholism and Addictions, Inc. 2025 Spring Conference

Exhibitor Booth Registration

Registration Deadline: Wednesday, March 26, 2025

Organization Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Main Contact: _____ Title: _____
 Phone: _____ Email: _____

		Not for Profit Pricing	For Profit Pricing	
April 3 Only	Exhibit Booth Only (includes 6' table and table cloth) Does not include attendance at Conference.	\$100	\$225	\$ _____
April 4 Only	Exhibit Booth Only (includes 6' table and table cloth) Does not include attendance at Conference.	\$100	\$225	\$ _____
April 3 & 4	Exhibit Booth Only -- Save \$25 (includes 6' table and table cloth) Does not include attendance at Conference.	\$175	\$425	\$ _____
April 3 Workshop	<i>Dr. Kevin McCauley</i> <i>"Addiction Neuroscience, Fentanyl, & Cannabinoids"</i>	\$190 x ____ attendee(s) = _____		
April 4 Workshop	<i>Jerry Moe</i> <i>"Through a Child's Eyes: Understanding Addiction & Recovery"</i>	\$175 x ____ attendee(s) = _____		
April 3 & 4 Workshops	Both Workshops	\$350 x ____ attendee(s) = _____		
Dinner-Comedy Show	Thursday, April 4 <i>Jay Armstrong "Recovery Comedy: One Laugh at a Time"</i>	\$53 x ____ attendee(s) = _____		
Both Workshops & Dinner Comedy Show	Thursday & Friday, April 3 & 4 plus Dinner/Comedy Show (Save \$25)	\$378 x ____ attendee(s) = _____		

Total \$ _____

Contact Information for Additional Attendee Conference Registrations

Name: _____ Title: _____ Email: _____
Name: _____ Title: _____ Email: _____
Name: _____ Title: _____ Email: _____
Name: _____ Title: _____ Email: _____

**Not-For-Profits: Please attach a current copy of the IRS Affirmation or Determination Letter issued to your organization.*

Description of Sponsor Exhibit (materials/equipment you intend to display)

All exhibitors are asked to provide a raffle basket valued at no less than \$50.00 for the Dinner & Comedy Show. *Please do not include any form of alcohol, nicotine, THC, or CBD product. Booths will be closed during the Dinner/Comedy Show so everyone can enjoy the festivities.
Theme of your complimentary raffle basket: _____

Payment Information: Total from page 1 = \$ _____

Check • Credit Card (Visa or MasterCard ONLY)

Name on Card: _____

Card # _____

Expiration Date: _____ 3-Digit Code: _____ Billing Zip Code: _____

Please do not email or fax completed form with payment information. If you would like to email, please leave payment info blank and call our office to provide payment. Phone: (308) 385-5520

Send completed form and payment to: CNCAA, 3204 College Street, Grand Island, NE 68803

Payment Policy. All payments must be received by Wednesday, March 26, 2025. The Central Nebraska Council on Alcoholism and Addictions, Inc. reserves the right to refuse admission if full payment is not received prior to the event.

Confirmation. A confirmation notification, including detailed information about set-up hours, where to ship materials, and other pertinent information will be sent via email to the contact person listed on the application several times before the conference.

Artwork & Graphics. Exhibitors must provide all artwork and graphics; for example logo, and advertisement

Questions? Contact Connie Holmes at 308-385-5520 or Email Connie@cncaa.net.

Force majeure: In the event CNCAA is prevented from carrying out its obligations as a result of any cause beyond its control, such as but not limited to acts of God, war, acts of terrorism, airline flight cancellations, strikes, lock-outs, flood, commercially unfeasible or failure of third parties to deliver goods or services, CNCAA shall be relieved of its obligations and liabilities for as long as fulfillment is prevented.