

WESTERN REGION FLEX CONFERENCE

High Country Conference Center
Flagstaff, Arizona | June 3-5, 2026

Platinum: \$5,000

- Exclusive recognition for lunch (1) or social reception (2)
- Retractable sign with company logo/support level with key placement
- Acknowledgment of support from the podium during the opening
- Acknowledgment of support in the PowerPoint welcome slide
- Admittance to the educational sessions
- Admittance to all attendee meals and social functions during the meeting
- Sponsor level ribbon
- One 6' draped table

Gold: \$3,000

- Acknowledgment of support from the podium during the opening
- Acknowledgment of support in the PowerPoint welcome slide
- Admittance to the educational sessions
- Admittance to all attendee meals and social functions during the meeting
- Sponsor level ribbon
- One 6' draped table

Silver: \$2,000

- Admittance to the educational sessions
- Admittance to all attendee meals and social functions during the meeting
- Sponsor level ribbon
- One 6' draped table

Cancellation/No Show Policy

Receipt of this registration form is commitment to exhibit/sponsor. Cancellations will not be refunded except in extenuating circumstances; in which case, a request must be made in writing and reviewed by the conference planning committee. Cancellations will be refunded less a \$75 processing fee.

For questions or additional information contact
Jeanne Tremaine at jtremaine@med.unr.edu
or call (775) 784-4782

[HTTPS://MED.UNR.EDU/CME/FLEX2026](https://med.unr.edu/CME/FLEX2026)

EXHIBITOR REGISTRATION FORM | Payment must be received by May 6, 2026

Please complete this form and fax to (775) 784-4544 or email to jtremaine@med.unr.edu. **Please do not send credit card information via email as it is not secure.** Payments must be received by **May 3, 2025** in order to include your information in the conference materials.

Payment method Check Credit Card (4% processing fee, secure link will be sent)

Contact Person

Company name as it should appear in program

Mailing address

City

State

Zip

Phone

Fax

E-mail

Sponsorship Level:

Platinum(\$5,000)

Gold (\$3,000)

Silver (\$2,000)

Other: _____

Will you set up an exhibit table? Yes No

Power is available for \$75. Will your exhibit table need a power source? Yes No

Will contact person attend? Yes No

Please provide the names, email and phone cell phone numbers from your company who will be exhibiting:

Name

Email

Cell

1.

2.

3.

Checks should be made payable to the Board of Regents and submitted to: Attn: Jeanne Tremaine

604 West Moana, MS 150, Reno, Nevada, 89509

For questions or additional information contact Jeanne Tremaine at jtremaine@med.unr.edu or 775-784-4782.