Exhibitor Support Form | 2026 Trauma Symposium

Exhibitor Support Letter

5th Annual Northern Nevada Trauma Symposium

December 4, 2026
Renown Health Mack Auditorium

Download a copy of this form

Dear Exhibitor,

On behalf of Renown Health, we are pleased to announce the **5th Annual Northern Nevada Trauma Symposium** on Friday, December 4, 2026, at the Renown Regional Medical Center, in the Mack Auditorium.

This year's Northern Nevada Trauma Symposium will spotlight "Innovating Trauma Care Across the Continuum: From First Response to Full Recovery"

Your company is invited to exhibit at the conference. Exhibits will be open during breakfast, breaks, and lunch. All exhibitors will be acknowledged in conference materials and at the conference.

Our educational partner, the University of Nevada, Reno School of Medicine, is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide accredited continuing medical education (CME). As such, all exhibitors must adhere to the ACCME Standards for Integrity and Independence in Accredited Education. As indicated in the ACCME Standards, live promotional activities will be kept separate from the CME sessions.

We look forward to the conference and hope that you will join us. If you are interested in exhibiting at this conference, please complete and return the form no later than November 15, 2026. If you have any questions about this conference or need additional exhibitor information, please contact Johanna Bell at bellj@med.unr.edu, or 775-784-1451.

Sincerely,

Darlene Roberts BSN, RN, TCRN
Trauma Nurse Educator, Renown Regional Medical Center
Planning Chair

Levels of Support

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Sponsor/ Exhibitor: $300

- One display table
- Complementary registration for two people
- Networking during breakfast, lunch and two breaks
- Recognition on welcome PowerPoint with other supporters, no logos

Cancellation/No Show Policy

Submission of this registration form is a commitment of support from the exhibitor/sponsor. Cancellations cannot be refunded. For questions or additional information, please contact Johanna Bell at bellj@med.unr.edu.

Exhibitor Registration Form

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Exhibitor Registration Form

1. Exhibitor Registration Information

First Name *

Last Name *

Title

Company Name (as it should appear in the program) *

Street Address

Apt/Suite/Office

City

State

Zip

Country

Email Address *

Mobile
Phone

Company URL

2. Representative Information

Please provide name, email, and phone number for each person who will represent you at the Symposium.

	Name	Email	Phone
Representative 1:			
Representative 2:			

3. Payment Method

- ☐ Credit Card (plus a 4% processing fee, a secure link will be emailed to you)
- ☐ Check

Please submit payment no later than November 15, 2026
Checks should be made payable to the "Boards of Regents" and mailed to: Office of Continuing Education, Attn: Johanna Bell
604 West Moana Lane, MS 150, Reno NV, 89509
Tax id#: 88-6000024

Exhibitor Registration Form Review

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Exhibitor Registration Form Review

Thank You!

Thank you for your support!