



ATTENDEE REGISTRATION FORM

The Big Sky Association of Medical Equipment Suppliers
Annual Convention

Fairmont Hot Springs Resort, 1500 Fairmont Road Fairmont,
MT 59711

800-332-3272

August 12th, 13th, 14th, & 15th 2025

Fairmont Hot Springs Resort [Room Reservation Link](#)

Reservation Code is: 27369 for our special rate.

FULL CONFERENCE

MEMBERS: \$255.00

NON-MEMBERS: \$290.00

SINGLE DAY CONFERENCE

MEMBERS: \$105.00

NON-MEMBERS: \$130.00

YOUR REGISTRATION INCLUDES:

ALL CLASSES, MEALS, EVENTS, EXHIBIT
HALL &
BANQUET DINNER FOR EACH ATTENDEE

YOUR REGISTRATION INCLUDES:

ALL CLASSES, DAYTIME EVENTS, EXHIBIT
HALL, & LUNCH FOR EACH ATTENDEE

ADDITIONAL MEALS OR EVENT TICKETS CAN BE PURCHASED.

Lunch: \$15.00, HORSE BALL TOURNAMENT \$25.00, & BANQUET \$50.00

EACH ATTENDEE MUST BE REGISTERED & COMPLETE ALL INFORMATION

Name: _____ Company: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Please select the following:

____ I am attending the full conference ____ I am attending Wednesday

____ I am attending Thursday ____ I am attending Friday.

I will attend the: ____ Respiratory Track, ____ Regulatory Track, or ____ Both

One payment can be made for all attendees from your company.

Payment: CC# _____ Exp Date: _____ CVV _____ Zip Code: _____

Amt. Authorized: _____

If paying by check, please mail to: Big Sky Association 425 3rd St. SW Jamestown, ND 58401

If you have questions, please email: bigskyames@daktel.com or call 701-320-8656