



## 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 12<sup>th</sup>, 13<sup>th</sup>, & 14<sup>th</sup>, 2026

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

Reservation Code is: 29779 for our special

### FULL CONFERENCE

MEMBERS: \$255.00

NON-MEMBERS: \$290.00

YOUR REGISTRATION INCLUDES:  
ALL CLASSES, MEALS, EVENTS, EXHIBIT HALL &  
BANQUET DINNER FOR EACH ATTENDEE

### SINGLE DAY CONFERENCE

MEMBERS: \$105.00

NON-MEMBERS: \$130.00

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](mailto:bigskyames@daktel.com) or call 701-320-8656