

Radiological Effluents & Environmental Workshop

June 23-26, 2025, Kansas City, MO



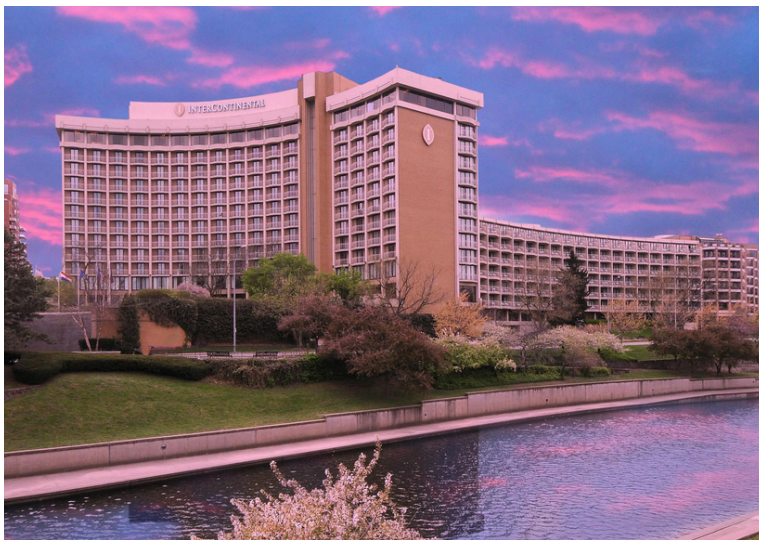
InterContinental Kansas City at the Plaza
401 Ward Parkway, Kansas City, MO 64112
(816) 756-1500

Hotel Reservation:

- **Group Rate: \$196 (net).**
- **Reservations must be made by May 26th, 2025. Group rates and availability are not guaranteed after this date.**
- **Contact reservations directly at (816) 303-2940 or book using the link.**
- **Room rate offered two days pre and post meeting subject to availability.**

Vendor Registration:

- **\$2,600 per booth (includes 2 booth personnel).**
- **\$500 for each additional booth personnel.**
- **Only one company per booth. There are no exceptions.**
- **Booth location is first come, first served during set-up on June 23rd.**
- **You must be an NSA member in good standing to register for the meeting.**
- **Complete the attached registration and credit card authorization and send to NSA@PartinAndAssociates.com by May 26th, 2025.**



Tentative Schedule

Monday, June 23

- Registration/Set-Up (Afternoon)

Tuesday, June 24

- Meeting (8am - 4pm)
- Evening Reception

Wednesday , June 25

- Meeting (8am - 4pm)
- Evening Reception

Thursday, June 26

- Meeting (Half Day)

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VENDOR REGISTRATION

Company Information

Company	<input type="text"/>	Phone #	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip	<input type="text"/>
Email	<input type="text"/>		
Company Representative Name	<input type="text"/>		
Email	<input type="text"/>	Phone #	<input type="text"/>

Booth Personnel 1

Name	<input type="text"/>	Email	<input type="text"/>
Phone #	<input type="text"/>		

Booth Personnel 2

Name	<input type="text"/>	Email	<input type="text"/>
Phone #	<input type="text"/>		

Additional Booth Personnel (\$500 per person)

Name	<input type="text"/>	Email	<input type="text"/>
Phone #	<input type="text"/>		
Name	<input type="text"/>	Email	<input type="text"/>
Phone #	<input type="text"/>		

Total # of spouses attending (no additional charge)

Total # personnel and spouses attending meals & events

PARTIN
& associates inc. *since 1982*

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VENDOR PAYMENT

For Credit Card Payments:

Company Name:

Name on Card:

Address:

City State Zip

Email for receipt:

Card Number:

Exp. Date: CVV:

Vendor Booth - \$2600 QTY:

Additional Personnel - \$500 QTY:

TOTAL PAYMENT:

For Check Payments:

Make Checks Payable to: PARTIN & ASSOCIATES

Mail to: Partin & Associates
ATTN: NSA
7104 Peach Court
Brentwood, TN 37027

For registration or payment questions, please contact Amanda:
amanda@partinandassociates.com or (615) 400-4016