

WSDA

89TH ANNUAL MEETING

OCTOBER 20-22, 2023
SUNCADIA RESORT

Presented by:  Washington State
Dermatology
Association



2023 PROSPECTUS

INFORMATION AND LOGISTICS

LOCATION

Suncadia Resort | Cle Elum, WA

\$235-\$329/night (+tax and daily resort fee)

Call 866-904-6300 and ask for the Pacific Northwest Dermatological room rate.

ATTENDEES

Dermatologists and dermatology practitioners from across the Pacific Northwest are expected to attend. We anticipate an audience of at least 100 attendees this year.

BENEFITS

WSDA supporters will participate as vendors during the Pacific Northwest Dermatological 88th Annual Scientific Conference. Companies will receive acknowledgement in the conference e-syllabus as well as recognition of support at the podium. Complimentary breakfast, coffee breaks, and a welcome reception for two (2) company representatives are included. Sponsors will receive registrations for up to four (4) representatives.

EXHIBITOR SPACE

One (1) standard booth includes an 8 x 8 table and one (1) chair. Exhibit space will be assigned based on level of sponsorship, exhibit booth purchased, followed by first come, first served basis.

REPRESENTATIVE REGISTRATION

All exhibitor representatives must be registered for the meeting. Standard tables include registration for two (2) exhibit representatives. You may purchase additional company representative registrations for \$250 each. Exhibit representatives will not be allowed on the exhibit floor without a paid registration and a name badge.

EXHIBITOR SHIPPING AND STORAGE

Shipping information will be available soon.

SAMPLE SCHEDULE

We are in the process of completing the 2023 schedule but wanted to provide you with 2022's schedule as a sample.

FRIDAY

8:00 AM-12:00 PM	<i>Exhibit Set-up</i>
12:00-12:50 PM	<i>Registration/Visit Exhibits</i>
12:50-2:45 PM	CME Sessions
2:45-3:15 PM	<i>Break/Visit Exhibits</i>
3:15-5:15 PM	CME Sessions
6:00-9:00 PM	<i>Welcome Reception (Exhibitors invited)</i>

SATURDAY

7:00-7:55 AM	Registration/Breakfast/Visit exhibits
7:55-9:45 AM	CME Sessions
9:45-10:15 AM	Break/Visit exhibits
10:15-12:15 PM	CME Sessions
12:15-1:00 PM	Lunch/Visit exhibits
1:00-2:00 PM	CME Sessions
6:30-8:30 PM	BBQ Dinner

SUNDAY

7:00-7:55 AM	Registration/Breakfast/Visit exhibits
7:55-10:15 AM	CME Sessions
10:15-10:45 AM	Break/Visit Exhibits
10:45-11:30 AM	CME Sessions

EXHIBIT PRACTICES AND REGULATIONS

- The WSDA reserves the right to restrict exhibits, without refund, which may be falsely entered.
- Distribution of literature, samples, etc., in the exhibit area by firms that are not participating as paid exhibitors is strictly prohibited.
- No subletting of space is permitted without the consent of the WSDA.
- Exhibitors are responsible for shipping, storage, and installation of exhibit materials, and all costs involved thereby.
- There is a **\$250 service fee on all cancellations. No Refunds for cancellations received after Friday, July 7, 2023.**
- The WSDA and Suncadia Resort do not guarantee against theft, vandalism or otherwise.
- It is expressly understood that exhibitors shall indemnify and hold harmless the WSDA and Suncadia Resort of all liability (damage or accident) that might ensue from any cause in connection with transfer, installation, maintenance, removal, or display of exhibits.
- In the event of fire, strikes, or other uncontrollable circumstances, the contract for space will not be binding.
- It is expressly understood that the WSDA will not pay for special equipment, facilities, and services ordered by technical exhibitors.
- Electrical and other apparatus must be operated so that the noise does not interfere with other exhibitors.
- All electrically wired display material must comply with the requirements of the National Board of Fire Underwriters.
- The aisles must be kept clear. To this end, exhibits must be arranged so that exhibitors and their representatives will be within their exhibition space.
- Care must be taken by the exhibitor not to deface or destroy any part of the exhibit areas. In the event of property damage caused by him/her, the exhibiting company will be held responsible.
- Use of the name "WSDA" or that of any officer of said Association, in recommendation of a product or services, is expressly prohibited.
- Table space not occupied by the close of the exhibit installation period as specified above, will be forfeited by the exhibitor, and this space may be resold, reassigned, or used by conference management.

QUESTIONS?

Maximize Your Exposure with Exclusive Sponsorship Opportunities

Supporter Benefits:

- Complimentary exhibit table
- Verbal recognition at the podium
- Print acknowledgement of support on poster(s)
- Online acknowledgement in the e-syllabus and on the WSDA website
- Electronic list of attendees prior to the conference to promote visits to your booth
- Four vendor tickets, nametags, and accompanying sponsorship ribbons
- Access to the Saturday evening dinner

Supporter Levels:

PLATINUM SUPPORTER/PRODUCT THEATERS

- Friday Lunch - \$10,000
- Saturday Breakfast - \$20,000
- Saturday Lunch - \$20,000
- Sunday Breakfast - \$15,000

GOLD SUPPORTER - \$9,000

- General Support
- Welcome Reception
- Saturday Dinner
- Wi-Fi Sponsor

SILVER SUPPORTER - \$7,000

- General Support
- Whova App
- Custom Keycard (Work with Suncadia staff to create cards.)
- Friday Dinner
- Saturday Dinner

BRONZE SUPPORTER - \$5,000

- General Support
- Friday Afternoon Coffee Break
- Saturday Coffee Break
- Sunday Coffee Break

This form must accompany the signed letter of agreement and payment.

Exhibit space is complimentary – if requesting space, please fill out the exhibitor agreement or contact Delphi Locey at delphi@wsma.org.

Company _____
Contact Name/Title _____
Phone _____ Email _____
<input type="checkbox"/> CHECK ENCLOSED <input type="checkbox"/> CREDIT CARD PAYMENT: <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX
NO. _____ Exp. Date _____ CVV _____
Name on Card _____
Address _____
City _____ State _____ Zip _____
Signature _____

Return this form, exhibitor agreement, and payment to:

**Washington State Dermatology Association (WSDA)
Attn: 2023 WSDA 89th Annual Meeting
2001 Sixth Ave, # 2700
Seattle, WA 98121**

EXHIBITOR AGREEMENT

COMPANY NAME _____

PRIMARY CONTACT _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL (REQUIRED) _____

COMPANY WEBSITE _____

PRIMARY BOOTH REPRESENTATIVE CONTACT (THIS INFORMATION WILL BE PUBLISHED & DISTRIBUTED TO ATTENDEES)

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL (REQUIRED) _____

REPRESENTATIVES STAFFING YOUR BOOTH

1) _____ 2) _____

Two allowed, additional representatives \$250 each

3) _____ 4) _____

PRODUCT/ SERVICE TO BE DISPLAYED: _____

PLEASE INDICATE COMPANIES YOU DESIRE NOT TO BE LOCATED ADJACENT TO (I.E. COMPETITOR):

1) _____ 2) _____

THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY REPRESENTATIVE HAS READ AND AGREES TO ABIDE BY ALL WSDA EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)

Signature _____ **Title** _____

SPONSORSHIP OPPORTUNITY (ATTACHED FORM) SPONSORSHIP AMOUNT _____

EXHIBIT SPACE: Exhibit space will be assigned based on level of sponsorship, exhibit booth purchased, followed by first come basis.

EXHIBIT BOOTH (6' X 2.5') # OF BOOTHS _____ @ \$4,000.00 EA _____

TICKET FOR ADDITIONAL REPRESENTATIVE # OF REPS _____ @ \$ 250.00 EA _____

TOTAL AMOUNT ENCLOSED \$ _____

<input type="checkbox"/> CHECK ENCLOSED	<input type="checkbox"/> CREDIT CARD PAYMENT:	<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> AMEX
NAME ON CARD _____				
Card No. _____ Exp. Date _____ CVV _____				
Billing Address _____				
City _____ State _____ Zip Code _____				
Signature _____				

PLEASE RETURN THIS FORM AND YOUR CHECK, PAYABLE TO:

WSDA, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121.

If paying by credit card, please send your completed form to the address above or via email to delphi@wsma.org.

WSDA Tax ID: 94-3167911