

WASHINGTON STATE DERMATOLOGY ASSOCIATION  
*Presents*  
PACIFIC NORTHWEST DERMATOLOGICAL  
85<sup>TH</sup> Annual Scientific Conference

JULY 20 – 22, 2018  
COEUR D'ALENE, ID  
**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 NOI 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 (8 X 8)**      # OF BOOTHS \_\_\_\_\_ @ \$3,000.00 EA \_\_\_\_\_

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

**TOTAL AMOUNT ENCLOSED** \_\_\_\_\_

<input type="checkbox"/> <b>CHECK ENCLOSED</b> <input type="checkbox"/> <b>CREDIT CARD PAYMENT:</b> <input type="checkbox"/> VISA <input type="checkbox"/> M/C    NO. _____
Name on Card _____ Exp. Date _____
Signature _____
Billing Address _____