

# WSDA

## 89TH ANNUAL MEETING

OCTOBER 20-22, 2023  
SUNCADIA RESORT

Presented by:  Washington State  
Dermatology  
Association



# 2023 PROSPECTUS

# INFORMATION AND LOGISTICS

## LOCATION

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**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

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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

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WSDA supporters will participate as vendors during the Pacific Northwest Dermatological 88<sup>th</sup> 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

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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

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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

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Shipping information will be available soon.

## SAMPLE SCHEDULE

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

### FRIDAY

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

## SATURDAY

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

## SUNDAY

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

## **EXHIBIT PRACTICES AND REGULATIONS**

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- 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?**

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# 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~~ (sold)
- ~~Saturday Breakfast - \$20,000~~ (sold)
- ~~Saturday Lunch - \$20,000~~ (sold)
- ~~Sunday Breakfast - \$15,000~~ (sold)

### GOLD SUPPORTER - \$9,000

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

### SILVER SUPPORTER - \$7,000

- General Support
- Whova App
- ~~Custom Keycard~~ (sold)
- Friday Dinner
- Saturday Dinner

### BRONZE SUPPORTER - \$5,000

- General Support
- ~~Friday Afternoon Coffee Break~~ (sold)
- ~~Saturday Coffee Break~~ (sold)
- ~~Sunday Coffee Break~~ (sold)

***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](mailto: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 89<sup>th</sup> 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](mailto:delphi@wsma.org).

WSDA Tax ID: 94-3167911