

WASHINGTON STATE DERMATOLOGY ASSOCIATION
Presents
PACIFIC NORTHWEST DERMATOLOGICAL
83RD Annual Scientific Conference

JULY 15 – 17, 2016
SUNCADIA RESORT – CLE ELUM, WA
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 (8 X 8) **# OF BOOTHS** _____ @ \$2,000.00 EA _____

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

TOTAL AMOUNT ENCLOSED _____

CHECK ENCLOSED **CREDIT CARD PAYMENT:** VISA M/C NO. _____
Name on Card _____ Exp. Date _____
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