## COMPANY NAME
_____________________________________________________________________________________________________________________________________________________________________________________________________________________

## PRIMARY CONTACT

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>ADDRESS</th>
<th>CITY/STATE/ZIP</th>
<th>CELL PHONE</th>
<th>E-MAIL</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE</th>
<th>ADDRESS</th>
<th>CITY/STATE/ZIP</th>
<th>TELEPHONE</th>
<th>E-MAIL</th>
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</tr>
</tbody>
</table>

## REPRESENTATIVES STAFFING YOUR BOOTH

1) ____________________________________________
2) ____________________________________________

TWO ALLOWED, ADDITIONAL REPRESENTATIVES $150 EACH
3) ____________________________________________
4) ____________________________________________

## NATURE OF EXHIBIT: ___PHARMACEUTICAL     ___PATHOLOGY     ___LASER     ___EMR     ___OTHER:__________________

## 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 group EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)

Signature _______________________________ Title __________________________________________

☐ EXHIBIT SPACE (6’ TABLE TOP) # OF BOOTHS ________ @ $3,500.00 EA _____________

☐ TICKET(S) FOR ADDITIONAL REPRESENTATIVES # OF REPS ________ @ $ 150.00 EA _____________

TOTAL AMOUNT ENCLOSED

To pay by card, please fill this form out online at, www.washingtonderm.org.

☐ Check Enclosed

☐ CHECK HERE FOR INFORMATION REGARDING OPPORTUNITIES TO SUPPORT THIS ACTIVITY THROUGH A FINANCIAL OR IN-KIND GRANT.

RETURN THIS EXHIBIT AGREEMENT FORM WITH PAYMENT TO Washington State Dermatology Association (TAX ID #94-3167911)
2001 Sixth Avenue, Suite 2700, Seattle, WA 98121