

**WASHINGTON STATE DERMATOLOGY ASSOCIATION
OREGON DERMATOLOGY SOCIETY
PRESENTS
2017 JOINT DERMATOLOGY MEETING
August 10-13, 2017. SUNRIVER, OR
2017 Joint Dermatology Meeting - EXHIBITOR AGREEMENT**

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

COMPANY NAME _____

PRIMARY CONTACT _____ **TITLE** _____

ADDRESS _____

CITY/STATE/ZIP _____

CELL PHONE _____ **E-MAIL** _____

WEBSITE _____

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

NAME _____ **TITLE** _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ **E-MAIL** _____

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