

# WASHINGTON STATE DERMATOLOGY ASSOCIATION PACIFIC NORTHWEST DERMATOLOGICAL

## 77<sup>th</sup> Annual Scientific Conference

JULY 8-10, 2010  
HILTON VANCOUVER WASHINGTON  
**EXHIBITOR AGREEMENT**

COMPANY NAME \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

COMPANY WEBSITE \_\_\_\_\_

### PRIMARY BOOTH REPRESENTATIVE CONTACT

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

### REPRESENTATIVES STAFFING YOUR BOOTH

1) \_\_\_\_\_ 2) \_\_\_\_\_

*Two allowed, additional representatives \$150 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 \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> SPONSORSHIP OPPORTUNITY (ATTACHED FORM)         | SPONSORSHIP AMOUNT _____                |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (PRIOR TO APRIL 9, 2010) | # OF BOOTHS _____ @ \$ 1200.00 EA _____ |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (AFTER APRIL 9, 2010)    | # OF BOOTHS _____ @ \$ 1300.00 EA _____ |
| <input type="checkbox"/> TICKET PACKAGE FOR ADD'L REPRESENTATIVES        | # OF REPS _____ @ \$ 150.00 EA _____    |

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

CHECK ENCLOSED  CREDIT CARD PAYMENT:  VISA  M/C NO. \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

RETURN THIS FORM WITH PAYMENT TO WSDA (TAX ID #94-3167911)  
2033 6<sup>TH</sup> AVE, STE 1100, SEATTLE, WA 98121  
FAX: 206-441-5863  
EMAIL: [SMC@WSMA.ORG](mailto:SMC@WSMA.ORG)

