



2018 ANNUAL MEETING

JUNE 22-24
CAMPBELL'S RESORT, LAKE CHELAN

EXHIBITOR AGREEMENT

COMPANY NAME _____

ADMIN CONTACT _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

AREA REPRESENTATIVE CONTACT

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

COMPANY WEBSITE _____

REPRESENTATIVES STAFFING YOUR BOOTH (TWO VENDOR TICKET PACKAGES ARE INCLUDED-EXTRA REPS \$100 EACH)

1) _____ 2) _____

PRODUCT/ SERVICE TO BE DISPLAYED: _____

PLEASE INDICATE COMPANIES YOU DESIRE NOT TO BE LOCATED ADJACENT TO (I.E. COMPETITOR):

1) _____ 2) _____

Signature _____ Title _____

- | | | |
|---|-----------------------------------|-------|
| <input type="checkbox"/> SPONSORSHIP OPPORTUNITY (ATTACHED ENCLOSED FORM) | SPONSORSHIP AMOUNT | _____ |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (PRIOR TO MAY 15, 2017) | # OF BOOTHS _____ @ \$ 1500.00 EA | _____ |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (AFTER MAY 15, 2017) | # OF BOOTHS _____ @ \$ 1695.00 EA | _____ |
| <input type="checkbox"/> MORE THAN 2 REPS (ADD'L FEE) | # OF REPS _____ @ \$ 100.00 EA | _____ |

TOTAL AMOUNT ENCLOSED _____

CHECK ENCLOSED

CREDIT CARD PAYMENT: ALL CREDIT CARD REGISTRATION PAYMENTS MUST BE MADE ONLINE AT
WWW.WASOCIETYOFPLASTICSURGEONS.ORG

RETURN THIS FORM WITH PAYMENT TO **WSPS**
2001 Sixth Ave, Suite 2700, Seattle, WA 98121

EXHIBITORS INVITING ATTENDEES TO OUTSIDE EVENTS DURING SCHEDULED MEETING EVENTS WILL NOT BE TOLERATED
YOU WILL NOT BE INVITED TO RETURN TO FUTURE WSPS EVENTS