

# WASHINGTON STATE ORTHOPAEDIC ASSOCIATION

## 2012 ANNUAL MEETING

NOVEMBER 16-18  
MARRIOTT TOWN CENTER, REDMOND, WA

### EXHIBITOR AGREEMENT

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

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

ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

#### PRIMARY BOOTH REPRESENTATIVE CONTACT

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

ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

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

#### REPRESENTATIVES STAFFING YOUR BOOTH

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

3) \_\_\_\_\_ 4) \_\_\_\_\_

PRODUCT/ SERVICE TO BE DISPLAYED: \_\_\_\_\_

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

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

Signature \_\_\_\_\_

Title \_\_\_\_\_

SPONSORSHIP OPPORTUNITY (ATTACHED ENCLOSED FORM) SPONSORSHIP AMOUNT \_\_\_\_\_

EXHIBITION BOOTH SPACE (PRIOR TO SEPT. 1, 2012) # OF BOOTHS \_\_\_\_\_ @ \$ 1500.00 EA \_\_\_\_\_

EXHIBITION BOOTH SPACE (AFTER SEPT. 1, 2012) # OF BOOTHS \_\_\_\_\_ @ \$ 1750.00 EA \_\_\_\_\_

ELECTRICAL HOOK UP AT BOOTH # OF BOOTHS \_\_\_\_\_ @ \$ 30.00 EA \_\_\_\_\_

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

CHECK ENCLOSED  CREDIT CARD PAYMENT:  VISA  M/C  AMX

CC # \_\_\_\_\_

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

Signature \_\_\_\_\_