

WASHINGTON STATE ORTHOPAEDIC ASSOCIATION

2010 ANNUAL MEETING

NOVEMBER 19 & 20, 2010
HYATT REGENCY BELLEVUE, BELLEVUE, 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 OCT. 1, 2010) # OF BOOTHS _____ @ \$ 1500.00 EA _____

EXHIBITION BOOTH SPACE (AFTER OCT. 1, 2010) # 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

NO. _____

Name on Card _____ Exp. Date _____

Signature _____

RETURN THIS FORM WITH PAYMENT TO **WSOA** (TAX ID #91-1274377)
2033 Sixth Ave, Suite 1100, Seattle, WA 98121. If paying by Credit Card you may fax to 206-441-5863