

# WASHINGTON STATE NEUROLOGICAL SOCIETY

## 2018 WSNS ANNUAL MEETING

OCTOBER 19-20, 2018  
SUNCADIA RESORT & SPA  
CLE ELUM, WA

### EXHIBITOR AGREEMENT

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

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

ADDRESS \_\_\_\_\_

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

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

WEBSITE \_\_\_\_\_

**PRIMARY BOOTH REPRESENTATIVE CONTACT (This information will be published and 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) \_\_\_\_\_

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 WSNS EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)

Signature \_\_\_\_\_ Title \_\_\_\_\_

**EXHIBIT SPACE:** Exhibit space will be assigned based on level of sponsorship, exhibit location purchased, followed by first come basis.

- |  |  |
|--|--|
| <input type="checkbox"/> Exhibit Booth Space (Prior to September. 3, 2018) | # OF BOOTHS _____ @ \$1500.00 EA _____ |
| <input type="checkbox"/> Exhibit Booth Space (After September. 3, 2018)    | # OF BOOTHS _____ @ \$1700.00 EA _____ |
| <input type="checkbox"/> TICKET FOR ADDITIONAL REPRESENTATIVE              | # OF REPS _____ @ \$ 150.00 EA _____   |

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

CHECK ENCLOSED

- CHECK HERE FOR INFORMATION REGARDING OPPORTUNITIES TO SUPPORT THIS ACTIVITY THROUGH A FINANCIAL OR IN-KIND GRANT.

RETURN THIS FORM WITH PAYMENT TO WSNS (TAX ID #20-1432287)  
WSNS, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121