

WASHINGTON STATE NEUROLOGICAL SOCIETY

2017 WSNS ANNUAL MEETING

OCTOBER 21-22, 2017
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. 5, 2017) | # OF BOOTHS _____ | @ \$1300.00 EA _____ |
| <input type="checkbox"/> Exhibit Booth Space (After September. 5, 2017) | # OF BOOTHS _____ | @ \$1500.00 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