



2017 ANNUAL MEETING

SEATTLE MARRIOT REDMOND TOWN CENTER, REDMOND
SEPT. 22-23

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) _____

Add'l reps \$100 each

3) _____ 4) _____

PRODUCT/ SERVICE TO BE DISPLAYED: _____

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

1) _____ 2) _____

PLATINUM EXHIBITOR (ATTACHED ENCLOSED FORM) AMOUNT _____

EXHIBITOR BOOTH SPACE (PRIOR TO SEPT. 1, 2017) # OF BOOTHS _____ @ \$ 1500.00 EA _____

EXHIBITOR BOOTH SPACE (AFTER SEPT. 1, 2017) # OF BOOTHS _____ @ \$ 1750.00 EA _____

ELECTRICAL HOOK UP AT BOOTH # OF BOOTHS _____ @ \$ 100.00 EA _____

ADD'L REPS # OF ADD'L REPS _____ @ \$100. 00 EA _____

TOTAL AMOUNT ENCLOSED _____

CHECK ENCLOSED

FOR CREDIT CARD PAYMENTS, PLEASE REGISTER AT WWW.WSOA.ORG

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

Email: cdw@wsma.org

Fax: 206-441-5863