

WASHINGTON ACADEMY OF EYE PHYSICIANS & SURGEONS

ANNUAL MEETING, MARCH 22, 2013
THE CONFERENCE CENTER, SEATTLE, WA

EXHIBITOR AGREEMENT

COMPANY NAME _____

PRIMARY CONTACT _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

PRIMARY REPRESENTATIVE STAFFING YOUR BOOTH (This information will be published and distributed to attendees)

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

PRODUCT/ SERVICE TO BE DISPLAYED: _____

NAMES OF OTHER REPRESENTATIVES STAFFING YOUR BOOTH

All exhibitor representatives must be registered. Two registrations are (2 ea.) included with your exhibitor agreement

1) _____ 2) _____

3) _____ 4) _____

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

1) _____ 2) _____

THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY CONTACT HAS READ AND AGREES TO ABIDE BY ALL EXHIBIT PRACTICES AND REGULATIONS.

Signature _____ Title _____

SPONSORSHIP OPPORTUNITY (ATTACH SPONSORSHIP AGREEMENT) SPONSORSHIP AMOUNT _____

EXHIBIT SPACE: Exhibit space will be assigned based on level of sponsorship, exhibit location purchased, exhibit size, followed by first come basis. You will be notified of your space assignment on or before February 17, 2013.

PREMIUM BOOTH (8' X 10' BOOTH WITH PIPE AND DRAPE) # OF BOOTHS _____ @ \$2500.00 EA _____

STANDARD BOOTH (6' X 30" TABLE TOP) # OF BOOTHS _____ @ \$1700.00 EA _____

TICKET FOR ADDITIONAL REPRESENTATIVE # OF REPS _____ @ \$ 150.00 EA _____

TOTAL AMOUNT ENCLOSED _____

Cancellations received before February 1, 2013 will be charged a \$250 service fee. No refunds for cancellations received after February 1, 2013.

CHECK ENCLOSED CREDIT CARD PAYMENT: VISA M/C NO. _____

Name on Card _____ Exp. Date _____

Signature _____

Billing Address _____

PLEASE RETURN THIS FORM AND YOUR CHECK, MADE PAYABLE TO: WAEPS, ATTN: Amanda Watne, 2033 Sixth Ave, Suite 1100, Seattle, WA 98121. If paying by Credit Card you may fax to 206-441-5863. Tax ID #91-0994722. For questions, please contact Rachel Corkern, WAEPS Exhibit Coordinator at (206) 956-3646, or email rec@wsma.org.