

NORTHWEST ACADEMY OF OTOLARYNGOLOGY

2018 WINTER CONFERENCE

JANUARY 27, 2018
BELL HARBOR INTERNATIONAL CONFERENCE CENTER
SEATTLE, 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 NWAO 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.

STANDARD BOOTH (6' TABLE TOP) # OF BOOTHS _____ @ \$2000.00 EA _____

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

TOTAL AMOUNT ENCLOSED _____

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

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

Name on Card _____ Exp. Date _____

Signature _____

RETURN THIS FORM WITH PAYMENT TO NWAO (TAX ID #91-1066428)

NWAO, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121

If paying by Credit Card you may fax to 206-441-5863 or email becky@wsma.org