



WSOA 2017 ANNUAL MEETING

DECEMBER 1-2, THE FAIRMONT OLYMPIC HOTEL, SEATTLE

EXHIBITOR AGREEMENT

COMPANY NAME _____

PRIMARY CONTACT _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ E-MAIL _____

PRIMARY BOOTH REPRESENTATIVE (ONSITE CONTACT)

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ E-MAIL _____

COMPANY WEBSITE _____

REPRESENTATIVES STAFFING YOUR BOOTH (INCLUDED 2 REPS) EXTRA REPS \$100 EACH

1) _____ 2) _____

PRODUCT SERVICE TO BE DISPLAYED: _____

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

1) _____ 2) _____

SIGNATURE _____ TITLE _____

PLATINUM OPPORTUNITY (ATTACHED ENCLOSED FORM) AMOUNT _____

TABLETOP DISPLAY # OF BOOTHS _____ @ \$ 1295.00 EA _____

EXTRA REPS # OF REPS _____ @ \$ 100.00 EA _____

TOTAL AMOUNT ENCLOSED _____

CHECK ENCLOSED

CREDIT CARD PAYMENT: PLEASE REGISTER ONLINE FOR ALL CREDIT CARD PAYMENTS WWW.WSOAONLINE.ORG

RETURN THIS FORM WITH PAYMENT TO WSOA

WSOA, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121. If paying by Credit Card you may register/pay online at www.wsoaonline.org