

WASHINGTON STATE RADIOLOGICAL SOCIETY

2010 ANNUAL MEETING
November 6, 2010
WORLD TRADE CENTER, SEATTLE

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) _____

3) _____ 4) _____

PRODUCT/ SERVICE TO BE DISPLAYED: _____

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

1) _____ 2) _____

Signature _____ Title _____

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> SPONSORSHIP OPPORTUNITY (ATTACHED ENCLOSED FORM) | SPONSORSHIP AMOUNT _____ |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (PRIOR TO SEPT. 1, 2010) | # OF BOOTHS _____ @ \$ 1000.00 EA |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (AFTER SEPT. 1, 2010) | # OF BOOTHS _____ @ \$ 1100.00 EA |
| <input type="checkbox"/> ELECTRICAL HOOK UP AT BOOTH | # OF BOOTHS _____ @ \$ 30.00 EA |
| Total amount enclosed | \$ _____ |

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

Name on Card _____ Exp. Date _____

Billing Address & Zip code _____

Signature _____

RETURN THIS FORM WITH PAYMENT TO **WSRS** (TAX ID #91-0974529)

WSRS, 2033 Sixth Ave, Suite 1100, Seattle, WA 98121. If paying by Credit Card you may fax to 206-441-5863