



WASHINGTON STATE RADIOLOGICAL SOCIETY 2016 ANNUAL MEETING
November 5, 2016 ~ The Hotel W, 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 (Two reps are included in exhibitor package. Fee for each additional rep: \$150)

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) _____

THE SIGNATURE BELOW AFFIRMS THAT THE COMPANY REPRESENTATIVE HAS READ AND AGREES TO ABIDE BY ALL WSRS EXHIBIT PRACTICES AND REGULATIONS (SEE EXHIBITOR PROSPECTUS FOR DETAILS).

Signature _____ **Title** _____

EXHIBIT SPACE: Exhibit space will be assigned in the order received.

EXHIBITION BOOTH SPACE (PRIOR TO SEPT. 1, 2016) # OF BOOTHS _____ @ \$ 1100.00 EA _____

EXHIBITION BOOTH SPACE (AFTER SEPT. 1, 2016) # OF BOOTHS _____ @ \$ 1250.00 EA _____

TICKET PACKAGE FOR ADD'L REPRESENTATIVES # OF REPS _____ @ \$ 150.00 EA _____

TOTAL AMOUNT ENCLOSED _____

CHECK ENCLOSED CREDIT CARD PAYMENT: VISA M/C AMEX DISCOVER

CARD # _____

Name on Card _____ CVC: _____ Exp. Date _____

Billing address (incl. city/state/zip): _____

Signature of card holder: _____

RETURN THIS FORM WITH PAYMENT TO:

WSRS, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121. If paying by credit card you may fax to 206-441-5863 or email debra@wsrs.org. Questions? Call Debra at 206-956-3650. Cancellation Policy: There is a **\$100 service fee on all cancellations. No Refunds for cancellations received after Oct. 5, 2016.**