

WASHINGTON ACADEMY OF EYE PHYSICIANS & SURGEONS  
2018 ANNUAL MEETING

March 29 and 30, 2018 ~ Meydenbauer Center, Bellevue, WA

EXHIBITOR AGREEMENT FORM – UPDATED 12-12-17

COMPANY NAME \_\_\_\_\_

PRIMARY CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

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

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

**NAMES & EMAILS OF OTHER REPRESENTATIVES STAFFING YOUR BOOTH:**

(All exhibitor representatives must be registered. *Two registrations are included per company.* Additional reps: \$150 per person.)

1) \_\_\_\_\_ 2) \_\_\_\_\_

3) \_\_\_\_\_ 4) \_\_\_\_\_

PRODUCT/ SERVICE TO BE DISPLAYED: \_\_\_\_\_

LIST ANY COMPETITORS YOU DO NOT WISH YOUR EXHIBIT SPACE TO BE CLOSE TO:

1) \_\_\_\_\_ 2) \_\_\_\_\_

**PLEASE SEND US A 50 WORD DESCRIPTION OF YOUR COMPANY, VIA EMAIL, TO BE INCLUDED IN THE E-SYLLABUS FOR THE MEETING.**

*THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY CONTACT HAS READ AND AGREES TO ABIDE BY ALL EXHIBIT PRACTICES AND REGULATIONS (SEE EXHIBITOR PROSPECTUS FOR 2018 WAEPS ANNUAL MEETING)*

Signature \_\_\_\_\_ Title \_\_\_\_\_

NOTE: Booth location will be assigned based on booth category and in the order your booth was reserved and paid for. You will be notified of your space assignment on or before March 9, 2018. Save money by booking and paying for your booth early!

	Until 2/1/18	After 2/1/18
<input type="checkbox"/> SUPER DELUXE BOOTH (20' X 10' BOOTH IN PRIME LOCATION - FRI ONLY)	\$5800	\$6000
<input type="checkbox"/> PREMIUM BOOTH (10' X 10' BOOTH IN PRIME LOCATION - FRI ONLY)	\$3000	\$3200
<input type="checkbox"/> STANDARD BOOTH (8' X 10' BOOTH IN VERY GOOD LOCATION - FRI ONLY)	\$2200	\$2400
<input checked="" type="checkbox"/> ECONOMY BOOTH (8' X 10' BOOTH IN FAIR LOCATION - FRI ONLY)	SOLD OUT	
<input type="checkbox"/> ADD ON BOOTH (Thursday outside Coding Seminar <i>if also exhibiting Friday</i> )	\$500	\$700
<input type="checkbox"/> CODING SEMINAR - TABLE TOP EXHIBIT (Thursday only)	\$2500	\$2700
<input type="checkbox"/> TICKET FOR ADDITIONAL REPRESENTATIVE(S) # OF REPS _____ @ _____	\$150 P/P	\$ _____

TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_

Note: All commercial representatives present at the WAEPS meeting must be registered as part of an exhibitor booth. No exceptions. Cancellations received by 5 p.m. PST, March 1, 2018 will be charged a \$250 service fee. No refunds for cancellations received after 3/1/18.

CHECK ENCLOSED    CREDIT CARD:    VISA    M/C    AMEX   # \_\_\_\_\_

Name on Card \_\_\_\_\_ CVC Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone number of card holder: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH PAYMENT OR PAYMENT ARRANGEMENTS. CHECKS SHOULD BE MADE PAYABLE TO:**

**WAEPS**, ATTN: Debra Alderman, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121 or email to [debra@wsma.org](mailto:debra@wsma.org)

Tax ID #91-0994722. Contact Debra with any questions: [debra@wsma.org](mailto:debra@wsma.org) 206-956-3650