

WASHINGTON ACADEMY OF EYE PHYSICIANS & SURGEONS
2020 ANNUAL MEETING

March 19 & 20, 2020 ~ Washington State Convention Center

EXHIBITOR AGREEMENT FORM

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 ATTENDEE 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, 2020. Save money by booking and paying for your booth early!

Until Feb. 1st After Feb. 1st

<input type="checkbox"/> SUPERIOR BOOTH (20' X 10' BOOTH IN PRIME LOCATION - FRI ONLY – 2 AVAIL)	\$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 O.K. LOCATION - FRI ONLY - 8 AVAIL)	\$2000	\$2200 - 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, 2020 will be charged a \$250 service fee. No refunds for cancellations received after 3/1/20.

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: Kim Conn, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121 or email to Ulrich Crous at ulrich@wsma.org

Contact Ulrich with any questions: 206-956-3631. Tax ID #91-0994722.