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 an	d distributed to atter	ndees)
NAME	TITLE		
ADDRESS			
	E-MAIL		
	R REPRESENTATIVES STAFFING YOUR BOOTH: s must be registered. Two registrations are included per company	v. Additional reps: \$15	50 per person.)
1)	2)		
3)	4)		
LIST ANY COMPETITORS YO	DISPLAYED: U DO NOT WISH YOUR EXHIBIT SPACE TO BE CLOSE TO:		
PLEASE SEND US A 50 WOR	2) D DESCRIPTION OF YOUR COMPANY, VIA EMAIL, TO BE INCLUDE GNIFIES THAT THE COMPANY CONTACT HAS READ AND AGREES T 2018 WAEPS ANNUAL MEETING)	ED IN THE ATTENDEE	E-SYLLABUS FOR THE MEETING.
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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 <u>ulrich@wsma.org</u> Contact Ulrich with any questions: 206-956-3631. Tax ID #91-0994722.