

# OR/WA STATE MGMA JOINT ANNUAL MEETING

ANNUAL MEETING, APRIL 17 – 20, 2010  
HYATT REGENCY HOTEL – BELLEVUE, WASHINGTON

## EXHIBITOR AGREEMENT

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

**AGREEMENT CONTACT** \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

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

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

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

ADDRESS \_\_\_\_\_

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

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

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

### NAMES OF OTHER REPRESENTATIVES STAFFING YOUR BOOTH

**All exhibitor representatives must be registered. Two registrations are (2 ea.) included with your exhibitor agreement - \$250 is required for each additional representative unless included in a sponsorship package.**

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

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

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

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

*THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY CONTACT HAS READ AND AGREES TO ABIDE BY ALL EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED OR LOG ONTO [WWW.WSMGMA.ORG](http://WWW.WSMGMA.ORG))*

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

- |   |                                   |       |
|---|-----------------------------------|-------|
| <input type="checkbox"/> SPONSORSHIP OPPORTUNITY (ATTACH SPONSORSHIP AGREEMENT)   | SPONSORSHIP AMOUNT                | _____ |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (PRIOR TO DEC. 1, 2009)<br>Includes ticket passes for two representatives | # OF BOOTHS _____ @ \$1300.00 EA  | _____ |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (AFTER DEC. 1, 2009)<br>Includes ticket passes for two representatives    | # OF BOOTHS _____ @ \$1400.00 EA  | _____ |
| <input type="checkbox"/> WSMGMA PARTNER BOOTH *   | # OF BOOTHS _____ @ \$ 1050.00 EA | _____ |
| <input type="checkbox"/> WSMGMA PARTNER BOOTH (AFTER DEC. 1, 2009)  | # OF BOOTHS _____ @ \$ 1190.00 EA | _____ |
| <input type="checkbox"/> TICKET PACKAGE FOR ADD'L REPRESENTATIVES   | # OF REPS _____ @ \$ 250.00 EA    | _____ |
| <input type="checkbox"/> MONDAY DINNER TICKET, APRIL 19, 2010 (not inc. in booth)   | # OF TICKETS _____ @ \$ 65.00 EA  | _____ |

TOTAL AMOUNT ENCLOSED \_\_\_\_\_

\*log onto [www.wsmgma.org](http://www.wsmgma.org) for more info

CHECK ENCLOSED MADE OUT TO WSMGMA (TAX ID #91-6182713)

CR. CARD PAYMENT:

Visa  M/C  AM/EX No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Mailing Address of Card \_\_\_\_\_

MAIL TO : WSMGMA, 2033 Sixth Ave, Suite 1100, Seattle, WA 98121  
FAX TO: 206-441-5863

FOR OFFICE USE ONLY: DATE REC'D \_\_\_\_\_ AMOUNT \_\_\_\_\_ CONF. DATE \_\_\_\_\_  
CHECK NO. \_\_\_\_\_ BOOTH # \_\_\_\_\_ INITIALS \_\_\_\_\_