

# OR/WA STATE MGMA JOINT ANNUAL MEETING

ANNUAL MEETING, MAY 30 – JUNE 2  
PORTLAND, OREGON

## 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 included with your exhibitor agreement. A \$300 registration fee 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 JAN. 1, 2012)<br>Includes ticket package for two representatives  | # OF BOOTHS _____ @ \$1300.00 EA  | _____ |
| <input type="checkbox"/> | EXHIBITION BOOTH SPACE (AFTER JAN. 1, 2012)<br>Includes ticket package for two representatives   | # OF BOOTHS _____ @ \$1400.00 EA  | _____ |
| <input type="checkbox"/> | WSMGMA OR OMGMA PARTNER BOOTH<br>(For more info go to <a href="http://www.wsmgma.org">www.wsmgma.org</a> or <a href="http://www.omgma.com">www.omgma.com</a> ) | # OF BOOTHS _____ @ \$ 1190.00 EA | _____ |
| <input type="checkbox"/> | TICKET PACKAGE FOR ADD'L REPRESENTATIVES   | # OF REPS _____ @ \$ 300.00 EA    | _____ |

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

Payment must be received by January 1, 2012 in order to receive early discount.

<input type="checkbox"/> CHECK ENCLOSED MADE OUT TO WSMGMA (TAX ID #91-6182713)
<input type="checkbox"/> CR. CARD PAYMENT:
<input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AM/EX No. _____ Exp. Date _____
Name on Card _____ Signature _____
Mailing Address of Card _____
Email address of card holder _____ Phone _____

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 _____

LOG ONTO [WWW.WSMGMA.ORG](http://WWW.WSMGMA.ORG) FOR MORE INFO