



PNWSP/WSSP 2017 JOINT MEETING

OCTOBER 21-22 FRED HUTCHINSON CANCER RESEARCH CENTER, SEATTLE

EXHIBITOR AGREEMENT

COMPANY NAME _____

PRIMARY CONTACT _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ E-MAIL _____

PRIMARY BOOTH REPRESENTATIVE (ONSITE CONTACT)

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ E-MAIL _____

COMPANY WEBSITE _____

REPRESENTATIVES STAFFING YOUR BOOTH

1) _____ 2) _____

PRODUCT/ SERVICE TO BE DISPLAYED: _____

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

1) _____ 2) _____

SIGNATURE _____ TITLE _____

PLATINUM OPPORTUNITY (ATTACHED ENCLOSED FORM) AMOUNT _____

TABLETOP DISPLAY # OF BOOTHS _____ @ \$ 995.00 EA _____

TOTAL AMOUNT ENCLOSED _____

CHECK ENCLOSED

FOR CREDIT CARD PAYMENTS, PLEASE VISIT WWW.PNWSP.ORG