



2018 SPRING CONFERENCE

APRIL 14-15, RIVERPLACE HOTEL, PORTLAND OR

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 _____ @ \$ 950.00 EA _____

TOTAL AMOUNT ENCLOSED _____

CHECK ENCLOSED

CREDIT CARD PAYMENT: ALL CREDIT CARD PAYMENTS MUST BE MADE ONLINE AT WWW.PNWSP.ORG

RETURN THIS FORM WITH CHECK PAYMENT TO PNWSP

2001 Sixth Ave, Suite 2700, Seattle, WA 98121.