

**WASHINGTON CHAPTER  
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS**  

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**MOUNTAINS TO SEA – NORTHWEST EMERGENCY MEDICINE ASSEMBLY**

MAY 20-21, 2010  
BELL HARBOR INTERNATIONAL CONFERENCE CENTER

**EXHIBITOR AGREEMENT**

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

**PRIMARY CONTACT** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

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

**TELEPHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**COMPANY WEBSITE** \_\_\_\_\_

**PRIMARY BOOTH REPRESENTATIVE**

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

**ADDRESS** \_\_\_\_\_

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

**TELEPHONE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**REPRESENTATIVES STAFFING YOUR BOOTH**

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

*Two allowed, additional representatives \$150 each unless included in sponsorship package*

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

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

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

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

**THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY REPRESENTATIVE HAS READ AND AGREES TO ABIDE BY ALL WA/ACEP EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)**

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

**SPONSORSHIP OPPORTUNITY (ATTACHED FORM)**

**SPONSORSHIP AMOUNT** \_\_\_\_\_

**EXHIBITION BOOTH SPACE (PRIOR TO MAR 19, 2010)**

**# OF BOOTHS** \_\_\_\_\_ **@ \$ 1050.00 EA** \_\_\_\_\_

Includes ticket packages for two representatives

**EXHIBITION BOOTH SPACE (AFTER MAR 19, 2009)**

**# OF BOOTHS** \_\_\_\_\_ **@ \$ 1150.00 EA** \_\_\_\_\_

Includes ticket packages for two representatives

**TICKET PACKAGE FOR ADD'L REPRESENTATIVES**

**# OF REPS** \_\_\_\_\_ **@ \$ 150.00 EA** \_\_\_\_\_

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

**CHECK ENCLOSED**  **CREDIT CARD PAYMENT:**  VISA  M/C NO. \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**RETURN THIS FORM WITH PAYMENT TO WA/ACEP (TAX ID #91-0984720)**

WA/ACEP, 2033 Sixth Ave, Suite 1100, Seattle, WA 98121

If paying by Credit Card you may fax to **206-441-5863**