

**WASHINGTON CHAPTER
AMERICAN COLLEGE OF EMERGENCY PHYSICIANS**
SUMMIT TO SOUND – NORTHWEST EMERGENCY MEDICINE ASSEMBLY

MAY 19-20, 2011
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, 2011)

OF BOOTHS _____ **@ \$ 1150.00 EA** _____

Includes ticket packages for two representatives

EXHIBITION BOOTH SPACE (AFTER MAR 19, 2011)

OF BOOTHS _____ **@ \$ 1250.00 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**