

# WASHINGTON CHAPTER OF THE AMERICAN COLLEGE OF PHYSICIANS

ANNUAL SCIENTIFIC MEETING, NOVEMBER 6 & 7, 2009  
BELL HARBOR INTERNATIONAL CONFERENCE CENTER, SEATTLE, WA

## EXHIBITOR AGREEMENT

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

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

ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

### NAMES OF REPRESENTATIVES STAFFING YOUR BOOTH

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

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

### PRIMARY REPRESENTATIVE STAFFING YOUR BOOTH

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

ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

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 CHAPTER - ACP EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)*

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

SPONSORSHIP OPPORTUNITY (ATTACH ENCLOSED FORM) SPONSORSHIP AMOUNT \_\_\_\_\_

TABLE TOP EXHIBIT (PRIOR TO AUGUST 1) # OF BOOTHS \_\_\_\_\_ @ \$1100.00 EA \_\_\_\_\_  
Includes ticket packages for two representatives

TABLE TOP EXHIBIT (AFTER AUGUST 1) # OF BOOTHS \_\_\_\_\_ @ \$1200.00 EA \_\_\_\_\_  
Includes ticket packages for two representatives

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

There is a \$100 service fee on all cancellations. Cancellations received on or after September 1, 2009 will be charged a \$250 service fee. No refunds for cancellations received after October 10, 2009.

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

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

Signature \_\_\_\_\_

PLEASE RETURN THIS FORM AND YOUR CHECK, MADE PAYABLE TO: WASHINGTON CHAPTER - ACP  
WA-ACP, ATTN: Jan Larsen, 2033 Sixth Ave, Suite 1100, Seattle, WA 98121. If paying by Credit Card you may fax to 206-441-5863  
Phone: (206) 956-3643, Email: [jal@wsma.org](mailto:jal@wsma.org), TAX ID# 51-0222670

FOR OFFICE USE ONLY: DATE REC'D \_\_\_\_\_ AMOUNT \_\_\_\_\_  
CHECK NO. \_\_\_\_\_ BOOTH # \_\_\_\_\_