

# PACIFIC NORTHWEST RADIOLOGICAL SOCIETY

## 66<sup>TH</sup> ANNUAL SCIENTIFIC CONFERENCE

APRIL 27-28, 2012  
RENAISSANCE VANCOUVER HARBOURSIDE HOTEL  
VANCOUVER, BRITISH COLUMBIA

### EXHIBITOR AGREEMENT

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

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

ADDRESS \_\_\_\_\_

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

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

WEBSITE \_\_\_\_\_

**PRIMARY BOOTH REPRESENTATIVE CONTACT (This information will be published and distributed to attendees)**

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 NWAO EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)

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

**EXHIBIT SPACE:** Exhibit space will be assigned based on level of sponsorship, exhibit location purchased, followed by first come basis.

- |  |   |
|--|---|
| <input type="checkbox"/> SPONSORSHIP OPPORTUNITY (ATTACHED FORM)       | SPONSORSHIP AMOUNT _____                |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (PRIOR TO FEB 1, 2012) | # OF BOOTHS _____ @ \$ 1050.00 EA _____ |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (AFTER FEB 1, 2012)    | # OF BOOTHS _____ @ \$ 1150.00 EA _____ |
| <input type="checkbox"/> 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 PNWRS (TAX ID #91-1075998), 2033 Sixth Ave, Suite 1100, Seattle, WA 98121  
If paying by Credit Card you may fax to 206-441-5863 or email plp@wsma.org