

PACIFIC NORTHWEST RADIOLOGICAL SOCIETY

64TH ANNUAL MEETING * APRIL 16-18, 2010
THE EMBASSY SUITES HOTEL * PORTLAND, OREGON

EXHIBITOR AGREEMENT

COMPANY NAME _____

PRIMARY CONTACT _____

ADDRESS _____ CITY/STATE/ZIP/PROV. _____

TELEPHONE _____ FAX _____ E-MAIL _____

PRIMARY BOOTH REPRESENTATIVE _____

ADDRESS _____ CITY/STATE/PROV. _____

TELEPHONE _____ FAX _____ E-MAIL _____

NAMES OF ADDITIONAL REPRESENTATIVE(S) THAT WILL STAFF YOUR DISPLAY:

1) _____ 2) _____

*NAME OF FIRMS YOUR COMPANY WOULD PREFER NOT TO BE LOCATED ADJACENT TO:

1) _____ 2) _____

THE EXHIBIT PRACTICES AND REGULATIONS ON THE EXHIBITOR PROSPECTUS ARE PART OF THIS AGREEMENT. THIS EXHIBITION APPLICATION INDICATES THE APPLICANT'S WILLINGNESS TO ABIDE BY THE EXHIBIT PRACTICES AND REGULATIONS.

LOCATION: The Embassy Suites: 319 SW Pine Street, Portland, OR 97204

EXHIBITS MUST BE SET UP BY 5:30 PM on Friday, April 16th OR YOU MUST WAIT UNTIL 6:00 AM ON APRIL 17TH TO SET UP
EXHIBIT BREAK DOWN: Sunday, April 18, after 10:00 AM.

I WILL REQUIRE AN ELECTRICAL POWER SOURCE (NO CHARGE): YES _____ NO _____

REQUESTED BY: _____ TITLE _____

Check enclosed for \$1,200 US funds.

Please charge my Visa or MasterCard in the amount of \$1,200 US Funds.

NAME: _____

CC #: _____ EXP DATE: _____

SIGNATURE: _____

RETURN THIS FORM AND YOUR PAYMENT TO:

PNWRS
2033 SIXTH AVENUE, SUITE 1100
SEATTLE, WA 98121

PNWRS TAX ID #91-1075998
QUESTIONS: CONTACT LINDA KRAUSE
PH: 206-956-3624
EMAIL: LMK@WSMA.ORG

OR IF PAYING BY VISA/MC FAX TO: (206)441-5863