

NORTHWEST ACADEMY OF OTOLARYNGOLOGY

2011 WINTER CONFERENCE

JANUARY 7-8, 2011
BELL HARBOR INTERNATIONAL CONFERENCE CENTER
SEATTLE, WASHINGTON

EXHIBITOR AGREEMENT

COMPANY NAME _____

PRIMARY CONTACT _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL _____

WEBSITE _____

PRIMARY BOOTH REPRESENTATIVE CONTACT

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL _____

REPRESENTATIVES STAFFING YOUR BOOTH

1) _____ 2) _____

Two allowed, additional representatives \$100 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 _____

- | | |
|---|---|
| <input type="checkbox"/> SPONSORSHIP OPPORTUNITY (ATTACHED FORM) | SPONSORSHIP AMOUNT _____ |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (PRIOR TO DEC. 1, 2010)
Includes ticket packages for two representatives | # OF BOOTHS _____ @ \$ 1200.00 EA _____ |
| <input type="checkbox"/> EXHIBITION BOOTH SPACE (AFTER DEC. 1, 2010)
Includes ticket packages for two representatives | # OF BOOTHS _____ @ \$ 1300.00 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 NWAO (TAX ID #91-1066428)

NWAO, 2033 Sixth Ave, Suite 1100, Seattle, WA 98121. If paying by Credit Card you may fax to 206-441-5863

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