2018 Northwest Laboratory Forum

March 9 - 11, 2018
Embassy Suites by Hilton – Seattle/ Bellevue
Bellevue, WA

WSDLA TABLETOP/SPONSOR AGREEMENT

REGISTRATION INFORMATION

PLEASE COMPLETE THIS INFORMATION AS IT SHOULD APPEAR IN THE ONSITE PRINTED PROGRAM

Show Contact Name: _____

Company: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Fax: _____ Email: _____ Website: _____

Description of Products/Services for Printed Program (25 words or less): _____

_____

NOTE: The person listed above will appear in the printed conference program. If this person is not the person who should receive the exhibitor kit and other show materials, please list below the name and contact information of the main show contact.

Pre-Show Contact Name: _____

Address: _____

City/State/Zip: _____ Phone/Fax/Email: _____

BOOTH LOCATION DESIRED

WSDLA will assign tabletop locations in the order payments are received.

If possible, do not place our tabletop next to the following companies (please list specific names):

_____

SPONSORSHIP & TABLETOP DISPLAY FEES *(Please check all that apply):*

	Member/Non-Member	
Tabletop Display	□ $450	□ $550
Table Clinic	□ $225	□ $225

Additional Sponsorship Selection (s) *(please list)*: _____ $ _____

TOTAL PAYMENT DUE (including sponsorship and tabletop display): $ _____

PAYMENT INFORMATION

□ Check Enclosed (made payable to WSDLA) Credit Card: □ MC □ Visa □ AmEx

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Signature of Cardholder: _____ Print Name of Cardholder: _____

Billing Address & Zip Code: _____

CONTRACT AGREEMENT

I understand that this application becomes a contract when signed below and accepted by the WSDLA Exhibit Manager. I agree to abide by the conditions of this contract. Contract will not be accepted without a signature.

CANCELLATION: No cancellation shall be acknowledged unless received in writing by the WSDLA executive office. Should a sponsor or exhibitor wish to cancel after receipt of signed agreement, a 50% refund will be given by WSDLA. **No refunds will be given for cancellations requested after February 16, 2018.**

Signature of Authorized Representative: _____

Title: _____ Date: _____

Upon completion, please return to the Washington State Dental Laboratory Association, 325 John Knox Rd, Ste L103, Tallahassee, FL 32303 or by fax to (850) 222-3019. For additional questions or information, please contact WSDLA at (800) 652-2212.