

PACIFIC NORTHWEST SOCIETY OF PATHOLOGISTS

2010 FALL CONFERENCE

SEPTEMBER 11 & 12 - RIVER PLACE HOTEL, PORTLAND

EXHIBITOR AGREEMENT

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

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

ADDRESS \_\_\_\_\_

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

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

PRIMARY BOOTH REPRESENTATIVE CONTACT

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

ADDRESS \_\_\_\_\_

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

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

COMPANY WEBSITE \_\_\_\_\_

REPRESENTATIVES STAFFING YOUR BOOTH

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

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

PRODUCT/ SERVICE TO BE DISPLAYED: \_\_\_\_\_

PLEASE INDICATE COMPANIES YOU DESIRE NOT TO BE LOCATED ADJACENT TO (I.E. COMPETITOR):

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

SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

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

TABLETOP DISPLAY # OF BOOTHS \_\_\_\_\_ @ \$ 750.00 EA \_\_\_\_\_

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

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

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

Billing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

RETURN THIS FORM WITH PAYMENT TO PNSP

PNWSP, 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 # \_\_\_\_\_