



**PEDIATRIC SOCIETY**  
*-Salus Liberosum Sit Maximae Curae Nobis-*  
**195TH SCIENTIFIC CONFERENCE**

**SEPTEMBER 30-OCTOBER 1**  
**SEMAIHMUO RESORT, BLAINE WA**  
**EXHIBITOR AGREEMENT**

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

**PRIMARY CONTACT**

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

ADDRESS \_\_\_\_\_

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

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

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

**PRIMARY BOOTH REPRESENTATIVE CONTACT**

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

ADDRESS \_\_\_\_\_

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

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

**REPRESENTATIVES STAFFING YOUR DISPLAY (TWO VENDOR TICKET PACKAGES ARE INCLUDED)**

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

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 NPPS EXHIBIT PRACTICES AND REGULATIONS**

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

Your exhibit space includes 6-foot table, two chairs, and registration for two representatives. Food and beverage included.

PLATINUM EXHIBITOR OPPORTUNITY (ATTACH FORM)

EXHIBITION BOOTH SPACE (PRIOR TO SEPT. 1, 2017) # OF BOOTHS \_\_\_\_\_ @ \$ 1200.00 EA \_\_\_\_\_

EXHIBITION BOOTH SPACE (AFTER SEPT. 1, 2017) # OF BOOTHS \_\_\_\_\_ @ \$ 1300.00 EA \_\_\_\_\_

ADDITIONAL EXHIBITOR REP REGISTRATION # OF REPS \_\_\_\_\_ @ \$ 100.00 EA \_\_\_\_\_

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

CHECK ENCLOSED

CREDIT CARD PAYMENT: PLEASE VISIT [WWW.NORTH PACIFIC PEDIATRIC SOCIETY.ORG](http://WWW.NORTH PACIFIC PEDIATRIC SOCIETY.ORG) FOR CREDIT CARD PAYMENTS

**RETURN THIS FORM TO NPPS ASAP**

NPPS, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121. If paying by Credit Card you may fax to 206-441-5863