



PEDIATRIC SOCIETY
-Salus Liberosum Sit Maximae Curae Nobis-

197TH SCIENTIFIC CONFERENCE

**SEPTEMBER 22-23
CAMPBELL'S RESORT, LAKE CHELAN**

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, 2018)

OF BOOTHS _____ @ \$ 1295.00 EA _____

EXHIBITION BOOTH SPACE (AFTER SEPT. 1, 2018)

OF BOOTHS _____ @ \$ 1395.00 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 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