WASHINGTON RHEUMATOLOGY ALLIANCE
2017 ANNUAL MEETING

SEPTEMBER 15, 16 AND 17, 2017
SLEEPING LADY RESORT AND CONFERENCE CENTER, LEAVENWORTH, WA

EXHIBITOR REGISTRATION FORM

COMPANY NAME _____

PRIMARY CONTACT _____ TITLE_____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

PRIMARY REPRESENTATIVE STAFFING YOUR BOOTH **(This information will be published and distributed to attendees)**

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

PRODUCT/ SERVICE TO BE DISPLAYED: _____

*** PLEASE ATTACH A 50 WORD DESCRIPTION OF YOUR COMPANY TO BE INCLUDED IN THE E-SYLLABUS FOR THE MEETING.**

NAME AND EMAIL ADDRESS OF OTHER REPRESENTATIVES STAFFING YOUR BOOTH IN ADDITION TO THE PRIMARY REP LISTED ABOVE (PLEASE REFER TO THE EXHIBITOR PROSPECTUS FOR THE NUMBER OF REPS INCLUDED FOR YOUR EXHIBITOR LEVEL)

1) _____ 2)_____

3) _____ 4) _____

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

1) _____ 2) _____

SPECIAL REQUESTS REGARDING YOUR EXHIBIT SPACE:_____

EXHIBITOR FEE: ❒ Platinum $30,000; ❒ Gold: $20,000; ❒ Silver: $10,000; ❒ Bronze: $5,000 $ _____

OPTIONAL:
❒ Industry sponsored satellite symposium time slot (limited availability - contact WRA office to inquire) $ _____

❒ Additional rep packages (at $150 per person) $ _____

Total amount enclosed: $ _____

THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY CONTACT HAS READ AND AGREES TO ABIDE BY ALL EXHIBIT PRACTICES AND REGULATIONS. (SEE EXHIBITOR PROSPECTUS)

Signature _____ **Title** _____

Note: All commercial representatives present at the WRA meeting must be attending as a speaker or registered as part of an sponsor/exhibitor booth. No exceptions.

Cancellations received in writing by August 18, 2017 at 5 p.m. PDT: fees refunded minus $500 cancellation fee. Cancellations received after August 18, 2017: no refund.

❒ CHECK ENCLOSED

❒ CREDIT CARD: ❒VISA ❒M/C ❒ AMEX ❒ DISCOVER # _____

Name on Card _____ CVC Code_____ Exp. Date_____

Billing Address_____

City/State/Zip _____ Phone number of card holder: _____

PLEASE RETURN THIS FORM AND YOUR PAYMENT, MADE PAYABLE TO:
WASHINGTON RHEUMATOLOGY ALLIANCE; ATTN: Debra Alderman, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121. If paying by credit card you may fax to 206-441-5863. WRA Tax ID #20-1766864. Contact Debra with any questions: debra@wsma.org 206-956-3650