WASHINGTON RHEUMATOLOGY ALLIANCE
2018 PAYER FORUM LUNCHEON

THURSDAY, MAY 17, 2018, 9:15 AM TO 2:30 PM
EMBASSY SUITES DOWNTOWN-PIONEER SQUARE, SEATTLE

EXHIBITOR/SPONSOR 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: ______________________________

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

1) ______________________ 2)______________________

3) ______________________ 4) ______________________

5) ______________________ 6)______________________

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

1) ______________________ 2) ______________________

SPECIAL REQUESTS REGARDING YOUR EXHIBIT SPACE:______________________________

SPONSOR/EXHIBITOR FEE: ❒ Diamond: $20,000; ❒ Sapphire: $10,000; ❒ Ruby: $5,000 $ ____________

❒ Additional luncheon tickets (at $100 per person) $ ____________

Total amount enclosed: $ ________________

THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY AGREES TO PAY THE ABOVE SUM AND PARTICIPATE ACCORDING TO THE EXHIBITOR PROSPECTUS FOR THE SELECTED CATEGORY OF CORPORATE SPONSORSHIP FOR THIS EVENT.

Signature ______________________ **Title** ______________________

Note: Every industry attendee at the Payer Forum Luncheon event must participate as a representative staffing a booth or as a luncheon attendee. No exceptions. Cancellation of sponsor/exhibitor booth registrations received in writing by January 2, 2018 at 5 p.m. PST: fees refunded minus $500 cancellation fee. Cancellations received after January 2, 2018 - no refund. Cancellations of purchased luncheon tickets may be made up until Friday, February 9 at 9 a.m. PST with full refund. No refunds after February 9th.

❒ **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 form to 206-441-5863. WRA Tax ID #20-1766864. Contact Debra with any questions: debra@wsma.org 206-956-3650