

WASHINGTON ACADEMY OF EYE PHYSICIANS & SURGEONS
2021 ANNUAL MEETING

March 11 & 12, 2021 ~ Virtual Meeting

EXHIBITOR AGREEMENT FORM

COMPANY NAME _____

PRIMARY CONTACT _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL _____

PRIMARY REPRESENTATIVE STAFFING YOUR VIRTUAL BOOTH (This information will be published on the virtual exhibitor platform for attendees)

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL _____

NAMES & EMAILS OF OTHER REPRESENTATIVES STAFFING YOUR VIRTUAL BOOTH:

(All exhibitor representatives must be registered. *Two registrations are included per company*)

1) _____ 2) _____

PLEASE SEND US A 50 WORD DESCRIPTION OF YOUR COMPANY AND THE DESIGNATED SIZED COLOR LOGO, VIA EMAIL, TO BE INCLUDED ON THE EXHIBITOR INFORMATION PAGE. DUE DATE: FEB. 24, 2021

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

Signature _____ Title _____

NOTE: First come, First Served on the three available Platinum level exhibitors.

PLATINUM BOOTH (ONLY 3 AVAILABLE) - FRIDAY, MARCH 12 \$5,000

Logo file must be a png / Ideal horizontal image is 1200 x 720/ Maximum size is 1 mb

GOLD BOOTH – FRIDAY, MARCH 12 \$2,000

Logo file must be a png / ideal horizontal image is 728 x 90

CODING & PRACTICE MANAGER BOOTH - THURSDAY, MARCH 11 \$1,000

Logo file may be a png or JPG

TOTAL AMOUNT ENCLOSED: \$ _____

Note:

Cancellations received by 5 p.m. PST, March 8, 2021 will be charged a \$250 service fee. No refunds for cancellations received after 3/8/21.

CHECK ENCLOSED CREDIT CARD: VISA M/C AMEX # _____

Name on Card _____ CVC Code _____ Exp. Date _____

Billing Address _____

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

PLEASE RETURN THIS FORM WITH PAYMENT OR PAYMENT ARRANGEMENTS. CHECKS SHOULD BE MADE PAYABLE TO:

WAEPS, ATTN: Kim Conn, 2001 Sixth Ave, Suite 2700, Seattle, WA 98121 or email kim@wsma.org

Questions: 206-956-3631. Tax ID #91-0994722.