




Company Name: _____ Contact Name: _____
 Name(s) of Representative(s) Attending Meeting(s): _____
 Contact Address: _____
 Company Phone: _____ Local Phone (if applicable): _____
 E-mail Address: _____ Website: _____

WSSA Fall Scientific Meeting		Saturday, September 8, 2012
<input type="checkbox"/> Yes, I want to Exhibit!		Bell Harbor International Conference Center 2211 Alaskan Way, Pier 66, Seattle, WA
Reserve the Following	Quantity	
6' Tabletops @ \$450 each		
Electrical Outlets		
Extension Cords		
Additional Requests	_____	

WSSA/BCAS Joint Scientific Meeting		December 7-9, 2012
		Four Seasons Hotel, Vancouver BC
To reserve space for this meeting contact Patti Gully at BCAS – 604.434.4892		

Please include a **company description** for the program book:

<p>RETURN THIS FORM WITH A CHECK MADE PAYABLE TO WSSA AND SEND TO:</p> <p>WSSA 2150 N 107TH STREET, STE. 205 SEATTLE, WA 98133-9009</p> <p>WSSA TAX ID # 91-6050189</p> <p>Contact our office with any questions at 206.367.8704 or office@wa-anesthesiology.org</p>	<p style="text-align: center;"><i>*Space reserved upon receipt of check or credit card payment</i></p> <hr/> <p>Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AmEx</p> <p>Name on Card: _____</p> <p>Card Number: _____</p> <p>Expiration Date: _____</p> <hr/> <p style="text-align: center;">TOTAL AMOUNT ENCLOSED \$ _____</p>
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