



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 7, 2013
<input type="checkbox"/> Yes, I want to Exhibit!		Bell Harbor International Conference Center, Seattle, WA
Reserve the Following	Quantity	
6' Tabletops @ \$450 each		
Electrical Outlets		
Extension Cords		
Additional Requests	_____	

WSSA/BCAS Joint Scientific Meeting		December 6-8, 2013
<input type="checkbox"/> Yes, I want to Exhibit!		Renaissance Hotel, Seattle, WA
Reserve the Following	Quantity	
6' Tabletops @ \$750 each		
Electrical Outlets		
Extension Cords		
Additional Requests	_____	

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><i>*Space reserved upon receipt of check or credit card payment</i></p>	
	<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: _____ Exp Date: _____</p>	
	<p>TOTAL AMOUNT ENCLOSED</p>	