



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

<b>WSSA Spring Scientific Meeting</b>		Saturday, March 9, 2013
<input type="checkbox"/> Yes, I want to Exhibit!		Bell Harbor International Conference Center, Seattle, WA
<b>Reserve the Following</b>	<b>Quantity</b>	
6' Tabletops @ \$450 each		
Electrical Outlets		
Extension Cords		
<b>Additional Requests</b>	_____	

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

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

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

<p><b>RETURN THIS FORM WITH A CHECK MADE PAYABLE TO WSSA AND SEND TO:</b></p> <p>WSSA 2150 N 107<sup>TH</sup> 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 <a href="mailto:office@wa-anesthesiology.org">office@wa-anesthesiology.org</a></p>	<p><i>*Space reserved upon receipt of check or credit card payment</i></p>	
	<p><b>Type of Card:</b> <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> AmEx</p>	
	<p><b>Name on Card:</b> _____</p> <p><b>Card Number:</b> _____ <b>Exp Date:</b> _____</p>	
	<p>TOTAL AMOUNT ENCLOSED</p>	