



PEDIATRIC SOCIETY

185TH SCIENTIFIC CONFERENCE

AUGUST 3-5, 2012
THE HYATT REGENCY BELLEVUE, BELLEVUE, WA

EXHIBITOR AGREEMENT

COMPANY NAME _____

PRIMARY CONTACT

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL _____

COMPANY WEBSITE _____

PRIMARY BOOTH REPRESENTATIVE CONTACT

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ E-MAIL _____

REPRESENTATIVES STAFFING YOUR DISPLAY (TWO VENDOR TICKET PACKAGES ARE INCLUDED)

1) _____ 2) _____

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

1) _____ 2) _____

THE SIGNATURE BELOW SIGNIFIES THAT THE COMPANY REPRESENTATIVE HAS READ AND AGREES TO ABIDE BY ALL NPPS EXHIBIT PRACTICES AND REGULATIONS (SEE ENCLOSED)

Signature _____ Title _____

Your exhibit space includes 6-foot table, two chairs, and registration for two representatives to attend the Saturday Night Dinner, continental breakfasts, and breaks.

- SPONSORSHIP OPPORTUNITY (ATTACHED FORM) SPONSORSHIP AMOUNT
EXHIBITION BOOTH SPACE (PRIOR TO JUNE 1, 2012) # OF BOOTHS @ \$ 1100.00 EA
EXHIBITION BOOTH SPACE (AFTER JUNE 1, 2012) # OF BOOTHS @ \$ 1200.00 EA
ADDITIONAL EXHIBITOR REP REGISTRATION # OF REPS @ \$ 100.00 EA

TOTAL AMOUNT ENCLOSED _____

CHECK ENCLOSED CREDIT CARD PAYMENT: VISA M/C NO. _____

Name on Card _____ Exp. Date _____

Signature _____

RETURN THIS FORM WITH PAYMENT TO NPPS
TAX ID# 23-7096615

NPPS, 2033 Sixth Ave, Suite 1100, Seattle, WA 98121. If paying by Credit Card you may fax to 206-441-5863