



WASHINGTON STATE ACADEMY OF PHYSICIAN ASSISTANTS

October 8-10, 2009

Annual Fall Conference

Hilton Hotel

Vancouver, Washington

EXHIBITOR RESERVATION FORM

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (____) _____ FAX: (____) _____

EMAIL ADDRESS: _____

Name of Representative(s) who will be attending meeting:

I would like to be one of the following sponsors:

- Gold over \$4,500
- Silver - \$2,500-\$4,499
- Bronze - \$1,500-\$2,499

_____ We are interested in supporting one or more conference activities (Raffle Gifts, Speaker, Luncheons, Coffee Breaks or Social Events) through the donation of an unrestricted gift.
 OTHER: _____

****OR****

****PLEASE RESERVE THE FOLLOWING EXHIBIT SPACE:**

***Space will be reserved upon receipt of check.**

BEFORE September 11, 2009

ENCLOSED \$ 500.00 for October 8-10, 2009

AFTER September 11, 2009

ENCLOSED \$ 550.00 for October 8-10, 2009

Electrical Outlets Required: Yes No How many? _____ (Bring your own extension cords).

RETURN THIS FORM TO: WASHINGTON STATE ACADEMY OF PHYSICIAN ASSISTANTS (WAPA)

C/O JULIE ATCHLEY, PA-C

24308 NE 132ND CIRCLE

BRUSH PRAIRIE, WA 98606

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TAX ID # 91-0953376

Refunds given ONLY prior to conference

REFUND CHARGE \$30.00