



WASHINGTON ACADEMY OF PHYSICIAN ASSISTANTS

September 30-October 2, 2010

Annual Fall Conference

Davenport Hotel

Spokane, 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.

ENCLOSED \$ 600.00 for September 30-October 1, 2010

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

RETURN THIS FORM TO: WASHINGTON STATE ACADEMY OF PHYSICIAN ASSISTANTS
WAPA/2033 Sixth Ave. Suite 1100/Seattle, WA 98121/TEL: 360-241-5301 / FAX: (360) 882-9883/ EMAIL: julieatchley@mac.com

Or pay by Visa or Mastercard:
Card Number: _____ Expiration Date: _____

Billing Address and Zip code: _____

TAX ID # 91-0953376 Refunds given ONLY prior to conference
REFUND CHARGE \$30.00