



## EXHIBITOR REGISTRATION

<b>Company Name</b>	
<b>Company Address</b>	
<b>City, State &amp; Zip</b>	
<b>Home Contact Name</b>	
<b>Email</b>	
<b>Phone Number</b>	
<b>Fax</b>	
<b>Local Representative</b>	
<b>Email</b>	
<b>Phone Number</b>	
<b>Meeting Date</b>	
<b>Vegetarian or Non-vegetarian</b>	

## ADDITIONAL REPS

<b>Local Representative</b>	
<b>Email</b>	
<b>Phone Number</b>	
<b>Local Representative</b>	
<b>Email</b>	
<b>Phone Number</b>	



## FEES

<b>Meeting Fee – 1 Rep</b>	\$300.00
<b>Additional Rep</b>	\$200.00
<b>Exhibitor Fee Subtotal</b>	
<b>Additional Rep Subtotal</b>	
<b>Total Enclosed</b>	
<p>Please make check payable to WSSOMS and mail to:</p> <p><b>WSSOMS</b> <b>Attention: Alma</b> <b>1855 156<sup>th</sup> Ave N.E. Ste101</b> <b>Bellevue, WA 98007</b></p>	

**We appreciate your support of our organization!**