EXHIBITOR REGISTRATION

|  |  |
| --- | --- |
| **Company Name** |  |
| **Company Address** |  |
| **City, State & Zip** |  |
| **Home Contact Name** |  |
| **Email** |  |
| **Phone Number** |  |
| **Fax** |  |
| **Local Representative** |  |
| **Email** |  |
| **Phone Number** |  |
| **Meeting Date**  |  |
| **Vegetarian or Non-vegetarian** |  |

ADDITIONAL REPS

|  |  |
| --- | --- |
| **Local Representative** |  |
| **Email** |  |
| **Phone Number** |  |
| **Local Representative** |  |
| **Email** |  |
| **Phone Number** |  |

FEES

|  |  |
| --- | --- |
| **Meeting Fee – 1 Rep** | $250.00 |
| **Additional Rep** | $160.00 |
|  |  |
| **Exhibitor Fee Subtotal** |  |
| **Additional Rep Subtotal** |  |
| **Total Enclosed** |  |
| **Please make check payable to WSSOMS and mail to:****WSSOMS****Attention: Alma****1855 156th Ave N.E. Ste101****Bellevue, WA 98007** |

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