

2012 NAOEM ANNUAL MEETING

SEPTEMBER 27-30 - THE LODGE AT SUNCADIA, CLE ELUM WA

EXHIBITOR AGREEMENT

COMPANY NAME _____

PRIMARY CONTACT _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

PRIMARY BOOTH REPRESENTATIVE CONTACT

NAME _____ TITLE _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

COMPANY WEBSITE _____

REPRESENTATIVES STAFFING YOUR BOOTH

1) _____ 2) _____

3) _____ 4) _____

PRODUCT/ SERVICE TO BE DISPLAYED: _____

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

1) _____ 2) _____

SIGNATURE _____ TITLE _____

SPONSORSHIP OPPORTUNITY (ATTACHED ENCLOSED FORM) SPONSORSHIP AMOUNT _____

TABLETOP DISPLAY # OF BOOTHS _____ @ \$ 750.00 EA _____

TOTAL AMOUNT ENCLOSED _____

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

Name on Card _____ Exp. Date _____

Billing Address _____ Zip Code _____

Signature _____

RETURN THIS FORM WITH PAYMENT TO NAOEM

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

FOR OFFICE USE ONLY: DATE REC'D _____ AMOUNT _____
CHECK NO. _____ BOOTH # _____