

WOHC '10 Exhibitor Registration

Company: _____
(List company name exactly as it should appear on signs)

Company Contact: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

I accept the conditions in the Exhibitor Agreement.

Signature: _____ Date: _____

ON-SITE EXHIBIT REPRESENTATIVES

List names exactly as they should appear on badges. Registration for the first two reps is included in the \$900 exhibitor space fee. Additional reps must be registered for \$550 each and can be listed on a separate sheet of paper

Name: _____

Email: _____

Name: _____

Email: _____

PAYMENT INFORMATION

- | | |
|--|--|
| <input type="checkbox"/> \$900 per exhibit space | <input type="checkbox"/> \$100 wired internet access |
| <input type="checkbox"/> \$550 additional booth representative | <input type="checkbox"/> \$50 electrical charge (indicate # of amps _____) |
| <input type="checkbox"/> \$50 post July 30, 2010 late fee | <input type="checkbox"/> Yes, I need a powerstrip. |

Total Enclosed: \$ _____

Check payable to WOHC (Federal Tax ID 77-0053453) Visa/MC/Amex

Card#: _____ Exp: _____

Signature: _____

There will be a 50% cancellation fee for cancellations received before July 30, 2010 and no refunds thereafter.

- Please contact me with details on commercial support.
- I'd like to place an advertisement in the WOEMA newsletter.
- I'd like to donate an item to the auction.

**RETURN REGISTRATION FORM TO:
Western Occupational Health Conference**

575 Market Street, Suite 2125, San Francisco, CA 94105

Phone: (415)764-4918 • Fax: (415)764-4915 • woema@hp-assoc.com • www.woema.org