

WOHC 2008 - 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 31, 2008 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 31, 2008 and no refunds thereafter.

- Please contact me with details on sponsorship.
- I'd like to place an advertisement in the WOEMA newsletter.
- I'd like to sponsor a prize for the raffle drawing.

RETURN REGISTRATION FORM TO:

Western Occupational Health Conference

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

Phone: (415) 927-5736 • Fax: (415) 927-5726 • woema@hp-assoc.com • www.woema.org