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Please return completed forms to:  
WSPA  
411 Williams Ave S, Renton, WA 98057  
Phone: (425) 228-7171, Ext. 0 | Fax: (425) 277-3897 | Email: Exhibit@wsparx.org



## Reserve Booth Space

Priority placement is awarded to convention sponsors, prior exhibitors and to those who support the association through sponsorship and/or advertising. Following receipt of registration, the individual listed as the "Contact Person" will receive a confirmation email indicating we have received your registration form. **However, space will not be assigned without payment.** Booth assignments will be communicated one week prior to the event. We reserve the right to adjust the floor plan or to deny an exhibit to any questionable firm. Please complete the exhibit application and registration.

**Exhibitor Fee: \$1,625.00 per booth** (Includes attendance for two representatives, one 6' display table, and two chairs)

**Please send a high res logo and company description to [exhibit@wsparx.org](mailto:exhibit@wsparx.org) for promotional material.**

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Representative #1: \_\_\_\_\_ Title: \_\_\_\_\_

Rep #1 Email: \_\_\_\_\_

Representative #2: \_\_\_\_\_ Rep. #2 Title: \_\_\_\_\_

Rep. #2 Email: \_\_\_\_\_

Each booth comes with **one complimentary** meeting/CE registration. If a representative would like to attend the meeting as an attendee and /or claim CE, please indicate the name of the person to register as an attendee: \_\_\_\_\_

Number of Booths (\$1,625.00 each): \_\_\_\_\_ Awards of Distinction Soirée RSVP: # of attendees \_\_\_\_\_

CHECK # \_\_\_\_\_ (Payable to Washington State Pharmacy Association, Tax ID# 91-0462190. )

Name of Cardholder: \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3- Digit Security Code \_\_\_\_\_ Signature \_\_\_\_\_

**Soliciting:** Suitcasing is strictly prohibited at the WSPA Annual Meeting. Suitcasing is when non-exhibiting companies solicit business at an event. Any non-exhibiting attendee who is observed to be soliciting business as a supplier will be in violation of WSPA's anti-suitcasing policy. Violators are subject to penalty at the discretion of the WSPA, including immediate expulsion and financial penalty.

**Admission to Sessions and Functions:** To attend the sessions and functions other than the Industry Symposium or Exhibit Program, company representatives are required to register for the conference. One complimentary registration comes with the purchase of a booth.

**Cancellation Policy:** If written notice of cancellation is received prior to September 1, 2025 a full refund will be made. After September 1, 2025, a 50% refund will be made for written cancellations. No refunds or cancellations after October 24, 2025.

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## Sponsorship Registration

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State & Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

***Please Check Your Option(s):***

**Platinum Sponsor - \$20,000**

**Gold Sponsor - \$8,500**

**Silver Sponsor - \$5,700**

**Bronze Sponsor - \$3,700**

Add an exhibit booth (\$500)

**Welcome Reception Host - \$4,500**

Add an exhibit booth (\$500)

**Sunrise Breakfast and Presentation - \$3,250**

Add an exhibit booth - \$1,625 (this sponsorship requires a booth purchase. Please see pg.4)

**Cabana Sponsor- \$1,500**

Add an exhibit booth - \$1,625 (this sponsorship requires a booth purchase. Please see pg.5)

***\* If purchasing a booth, please fill out the exhibitor information area on the Exhibitor Registration Form and return with this form.***

***Payment:***

CHECK # \_\_\_\_\_ (Payable to Washington State Pharmacy Association)

Name of Cardholder: \_\_\_\_\_ Total Amount \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3- Digit Security Code \_\_\_\_\_ Signature \_\_\_\_\_

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