

NWPC EXHIBITOR PRICING

01/01/19 - 05/02/19 - \$1,999 05/03/19 - 05/31/19- \$2,200

2019 Northwest Pharmacy Convention Exhibition Hall Registration

Please type or print.

Contact Name _____

Company (for publication*) _____

Address _____

City _____ State _____ Zip _____

Contact Phone _____ Fax _____

Contact Email _____

Contact Website _____

Contact Title _____

***Your company's name as it should appear on booth sign (26 characters max.)**

The Washington State Pharmacy Association's tax ID number is 91-0462190

Make payment by checks out to WSPA

Payment by Credit Card (please circle one)

Card # _____ Exp. Date ____/____/____

CVV# _____

Authorized Signature _____

I would like to purchase tickets for the Saturday evening reception , June 1st from 7-10 PM
How many? ____ (\$89/each)

Cancellation Policy: If written notice of cancellation is received prior to March 31, 2019, a full refund will be made. After March 31st, a 50% refund will be made for written cancellations. No refunds or cancellations after May 1, 2019.

Conditions of Registration

1. The Idaho State Pharmacy Association (ISPA), Montana Pharmacy Association (MPA) and Washington State Pharmacy Association (WSPA) act for exhibitors or their representatives in the capacity of agent - not as principal. The ISPA, MPA and WSPA assume no liability for any act of omission or commission in connection with this agency. The exhibitor and representative hereby release and, in addition, agree to hold harmless ISPA, MPA, WSPA and the Convention Center at Coeur d'Alene from any and all costs, expenses, and liabilities for loss or damage ensuing from any cause.

2. All parties involved in the exhibit, including, but not limited to the exhibit hall, the owner, the leasing association, the sponsor and individual exhibitor agree to pay any and all claims arising out of their own negligence or that of their employees or agents.

3. Each party agrees to be responsible for its own property, through insurance or self-insurance, and to hold harmless all other parties from damage caused by theft or other perils normally covered by extended coverage, or fire.

4. ISPA, MPA and WSPA determine eligibility of any company for exhibit. The Association may request removal of any exhibit or promotion, wholly or in part, if in its opinion, it is not in keeping with the character (standards) and purposes of the Associations.

5. The ISPA, MPA and WSPA do not guarantee and expressly disclaim any and all liability for any and all losses or damage that might be incurred.

6. Subletting of any or all exhibit space is not permissible.

7. Exhibits should not project beyond the space allocated nor should they obstruct or interfere with traffic to other exhibits.

8. No part of any exhibit or any sign should be affixed to walls, doors, etc., or to the facility. Any and all damages, losses, expenses, or costs resulting from failure to observe this notice shall be payable by the exhibitor.

9. Before any exhibit may be removed from the facility, exhibitors must make satisfactory arrangements with the facility for incurred charges by exhibitor.

10. Only companies with space contracted in the exhibit areas may use a suite or function space for hospitality or meeting purposes. All requests for function space must be directed to WSPA for approval.

11. Distribution of products/service literature may be made only within the booth space assigned to the exhibitor presenting such material. Firms or organizations not assigned booth space in the exhibit hall will not be permitted to solicit business.



Send completed contract and complete payment to:

Northwest Pharmacy Convention
c/o WSPA - Akilah Williams
411 Williams Avenue South, Renton, WA 98057
Phone: 425-228-7171 Fax: 425-277-3897

Email: Akilah@wsparx.org Website: www.wsparx.org

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EXHIBITOR REPRESENTATIVES

Convention badges are required for people working the exhibit area. Exhibiting organizations are required to register each representative with a maximum of three per booth. **Without badges, you will not be allowed in the exhibit area.** List below all persons who will be working in your exhibit booth. Please type or print.

Exhibit representative in charge

1. Name _____
Title _____
Email _____
Address _____
City, State, Zip _____
Telephone _____ Cell Phone _____

Additional representatives:

2. Name _____
Title _____
Email _____

3. Name _____
Title _____
Email _____

EVENT COORDINATOR

Design Events
5039 Duncan Drive
Coeur d'Alene, ID 83815
208-765-2595

info@DesignEvents.com

designevents.com/

