

## Road & Street Maintenance Supervisors' Conference EAST: Spokane Valley Sept 28-30 • WEST: Grand Mound Dec 7-9 2010 VENDOR/SPONSOR APPLICATION

CONTACT INFORMATION					
Company/Org. Name:					
Contact Name:					
Address:					
City, State, Zip:					
Phone:	Email:				
Website:					
VENDOR BOOTH RATES					
<ul> <li>Please review Vendor Information Sheet for details. Prices are per a booth space, if additional space is needed additional costs will occur for each booth space occupied by your company/organizations. Booth cannot exceed the 6 foot table area. Additional booth staff must register and pay or they will not be allowed in the conference. There are no exceptions to these rules.</li> </ul>					
	Early Registration Before EAST - Sept 1 <sup>st</sup> • WEST - Nov 3 <sup>r</sup>	Late Registration After  EAST - Sept 1 <sup>st</sup> • WEST - Nov 3 <sup>rd</sup>			
East or West - One 6 Foot Table Space	\$459	\$499			
Both East & West - One 6 Foot Table Space	\$918	\$998			
Additional Staff Member	\$100 Per Person x	\$100 Per Person x			
Sponsorship					
Sponsorship of \$700 (Per Location)  Company's logo will be listed in the program directory, a 6 foot booth area, your company's website link on conference website and (2) complimentary registrations. Please contact Michelle Johnson for special requests. 253.445.4631  Sponsorship for: East and/or West					
BOOTH SELECTION					
Booth spaces will be assigned on a first-come, first-served basis. Booth space includes one booth staff registration Please list your preferences by booth number (view PDF of Booth Layout):					
EAST: 1st Choice 2r	nd Choice 3rd	Choice			
WEST: 1st Choice 2r	nd Choice 3rd	Choice			
Electrical Outlet Needed: Yes No Additional charges may apply  Yendors are responsible for bringing their own extension cords and power strips, these items will not be provided.					



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<b>Complimentary Registration Boot</b>	h Staff				
Name:		Title:			
Email:		Phone:			
Additional Booth Atten	IDENT				
All booth staff must be registered. Please include name, title, email, and phone # of each booth staff for name badges. Charges will occur for additional booth staff.					
Name:		Title:			
Email:		Phone:			
Name:	Title:				
Email:		Phone:			
PAYMENT INFORMATION					
Please indicate payment type:  Check Enclosed  Credit Card  MasterCard  Name of Card:		East # 2 e make checks payable to	141 West #2161  D Washington State University		
Card Number:	Exp Date:				
CVV#: Billing Ad	dress: om registration one)				
Please send application with payr Attention: Emily Houg Mail: WSU - CM 2606 West Pioneer Puyallup, WA 98371		Email: e	houg@wsu.edu		
Registration Closes - EAST: Wed, Sept. 22 <sup>nd</sup> WEST: Wed, Dec. 1 <sup>st</sup> (if space is still available), registrations will no longer be accepted after this date.					
Cancellation Policy: Written cancellation notice to <a href="mailto:ehoug@wsu.edu">ehoug@wsu.edu</a> must be received by EAST: Mon, Sept 20 <sup>th</sup> ; WEST: Mon, Nov. 29 <sup>th</sup> in order to receive a full refund. Any cancellations after the deadline will not be eligible for a refund. By completing this form you are confirming that you have acknowledge the cancellation policy.					
SPECIAL REQUESTS OR CON	SIDERATIONS				
For Office Hea Only					
For Office Use Only:  Date Rec'd Payment	Rec'd Sent t	to Pullman	Budget #		