



OSPA's "SEA-M-E at the Beach!"
Exhibitor Contract and Registration
 Oregon Society of Physician Assistants - Fall 2017 CME Update
Salishan Resort | Gleneden Beach, Oregon | October 12 - 15, 2017

Company Name _____

Address _____ City _____ State _____ Zip _____

Contact Person _____ Title _____

Phone _____ E-Mail _____

Please reserve ___ booth(s) for my company at \$1250 per booth (One company/product line per booth. special pricing on adjoining booth space for multiple booths available) Exhibit Fee includes: One (1) Exhibit Space 7' x 7', One (1) 5' draped table and 1 chair, One (1) full symposium registration per booth. **After the 1st Registrant, each additional registration may be purchased for \$250 each.**

Company Representative Name: (Only one representative per booth space for the duration of the conference, unless a 2nd representative is registered.)

Name: _____ Email _____ Phone _____

I wish to register an additional representative for \$250 each _____

In submitting this application, We/I agree to abide by all the requirements and obligations as mentioned under "Terms and Conditions" in the Exhibitor/Sponsor Prospectus which is a part of this application. You are hereby authorized to reserve space for our company in the exhibit area as indicated on this application for the OSPA Fall CME Update

Signature _____ Title _____

Terms and Conditions

1. The OSPA reserves the right to refuse exhibit privileges to any company. Exhibitors are requested not to hold receptions that conflict with any educational or social events sponsored by OSPA.
2. All exhibit spaces must be prepaid in full.
3. Each party involved in the Fall CME Update agrees to be responsible for any claims arising out of its own negligence or that of its employees or agents. Each party agrees to be responsible for its own property through insurance or self-insurance and shall hold harmless each of the other parties for any and all damage caused by injury, theft, loss or damage and those perils normally covered by fire and extended coverage policies.

Payment

___ Credit card (Visa, Mastercard, American Express) Name on card: _____

Card number: _____ Expiration ___/___ Code _____

___ Check enclosed Amount to Be Paid _____

Questions?

Please contact Alan Morasch, OSPA Executive Director at 503-650-5864 or alan@oregonpa.org
 Return registration and payment to: OSPA, PO Box 55214, Portland, OR 97238 or fax 360-256-5597

 The Oregon Society of Physician Assistants is a 501(c)(6) organization. Federal Tax ID number is 93-0814835