

EXHIBITOR RESERVATION FORM 2018

2018 SYMPOSIUM FOR ORAL HEALTHCARE PROFESSIONALS

Bellevue Embassy Suites – 3225 158th Ave SE - Bellevue, Washington (I-90 E)

April 13-14, 2018

YES, please reserve an exhibit table. **Corporate Rate: \$395.00 per table.**

I will need an electrical outlet. - Number of tables ____ (max. two)

YES, please reserve a **retail exhibit table/s \$135** per table

I will need an electrical outlet. - Number of tables ____ (max. two)
(plus 20% of retail sales payable post Symposium to WDHA)

YES, please reserve an exhibit table. **School/non-profit/benefit Rate: \$50.00** per table.

I will need an electrical outlet. - Number of tables ____ (max. two)

YES, we would also like to *sponsor a Student Table Clinic participant* to attend the Awards Luncheon on Saturday, April 14th at \$50 per student. We would like to sponsor _____ (number) students in the amount of \$_____.

REPRESENTATIVES ATTENDING: (list names as you want them on name tags)

1.

2.

3.

COMPANY NAME _____

ADDRESS _____

City _____ **State** _____ **Zip** _____

Phone _____ **Fax** _____

E-mail _____

Check enclosed in the amount of: \$ _____

Visa & MasterCard payment can be accepted securely at WSDHA.com

Return this **FORM** and check **no later than April 1, 2018** to wsdha@comcast.net or mail to:

Washington Dental Hygienists' Association

P. O. Box 389, Lynnwood, WA 98046 - **(425) 771-3201** or fax 425-776-5289

For hotel reservations please call (425) 644-2500 - (Bellevue Embassy Suites, Mention WSDHA 2018 for discount)