# 2020 EXHIBITOR/CAREER FAIR RESERVATION FORM

**Company Name:**  
(As it should appear in conference materials)  
______________________________________________________________

**All correspondence regarding this exhibit should be sent to the following contact:**

**Name:** ____________________________  
**Street:** ____________________________  
**City:** _______________ **State:** _______ **Zip:** _________  
**Phone:** _______________ **Extension:** _______  
**Email:** ____________________________

**Showcase Description:**
- This showcase was designed primarily for companies/institutions with available career opportunities to network with potential job candidates. This includes medical centers and/or hospitals sending HR representatives.  
- Display fees provide exhibitors with attendee badges during showcase hours only. Please contact the conference office to register.  
- All display areas are equipped with a 6 foot table and two chairs. Displays cannot be any larger than 4ft x 6ft.  
- Please be aware that we are not able to provide power, electrical outlets, telephone lines or Internet connections for displays. Portable generators or external power sources are not allowed. Displays must fit in your 4’ X 6’ designated area.

**To Validate this Contract:**
1. Exhibitor understands that this application becomes a contract when signed by a company representative and accepted by the Western States Conference  
2. Forms must be submitted with a minimum of 50% payment  
3. Full payment is due no later than May 11, 2020

**Career Fair Fees and Hours:**
**Thursday, May 28, 4:00 pm - 6:30 pm**  
**Display Table:** _____ x $1,500  
(Hospital/Institution **without** residents or fellows attending the conference, booth staffed by HR personnel recruiting system-wide)

**Display Table:** _____ x $600  
(Hospital/Institution **with** residents or fellows attending the conference; booth staffed by registered preceptors, fellows or residents recruiting for a single site)

**Payment Info:**
Check Enclosed (Payable to Western States Conference)  
OR  
**Card Number:** ____________________________  
**Exp. Date:** ____________________________

**Submitting Your Form & Payment:**  
**Email:** information@westernstates-rx.org  
**Mail:** Western States Conference  
P.O. Box 60896  
Sacramento, CA 95860  
Please note that forms will NOT be processed unless accompanied by payment of at least 50% or more. If full payment is not received prior to the start of the conference, this contract will be void.