



SWS 2018 Exhibitor Agreement

COMPANY INFORMATION

COMPANY
(As you wish it to appear on all related meeting materials)

COMPANY DESCRIPTION
(To be included in mobile app)

CONTACT

STREET ADDRESS

EMAIL ADDRESS **PHONE**

WEBSITE

ADDITIONAL EXHIBITOR INFORMATION

(For-profit exhibitor rate is \$900; nonprofit rate is \$450. One registration is included in the exhibitor fee. Additional exhibit staff are \$300 each. Note the additional exhibitor rate grants access to the exhibit hall only. If additional exhibitors require access to the full scientific program, please register at the regular registration rate.)

NAME	<input style="width: 95%; height: 25px;" type="text"/>	EMAIL	<input style="width: 95%; height: 25px;" type="text"/>
NAME	<input style="width: 95%; height: 25px;" type="text"/>	EMAIL	<input style="width: 95%; height: 25px;" type="text"/> <input type="checkbox"/> Additional \$300
NAME	<input style="width: 95%; height: 25px;" type="text"/>	EMAIL	<input style="width: 95%; height: 25px;" type="text"/> <input type="checkbox"/> Additional \$300

EXHIBITOR COMMITMENT

PAYMENT TYPE

- | | |
|---|---|
| <input type="checkbox"/> Check enclosed | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |
| <input type="checkbox"/> MasterCard | |

****Don't forget to submit your high resolution company logo in JPEG format!***

CARD INFORMATION

Card Number _____
 Expiration Date _____
 Cardholder Name _____
 Billing Zip _____

TOTAL PAYMENT ENCLOSED \$

I have read the guidelines, terms and conditions provided by SWS via www.swsannualmeeting.org/exhibitors. I attest that my exhibit satisfies the guidelines and hereby agree to abide by these terms and conditions. I authorize SWS to reserve exhibitor space in the name of the company listed above and certify I have the authority to do so.

Signature

Date