



Networking & Educational Seminar for Lymphedema Therapists  
Highline Physical Therapy, Burien, WA

## WA MARCH/2019 VENDOR FORM

**FEES:** (See Vendor Brochure for Descriptions)

- GOLD SPONSOR:** ( ) \$2,500
- SILVER SPONSOR:** ( ) \$2,000
- BRONZE SPONSOR:** ( ) \$1,500
- Exhibitor Booth Fee:** ( ) \$1,250
- Tote Stuffer Fee:** ( ) \$350
- Sponsorship of FACULTY DINNER:** ( ) \$500

### EXHIBIT INFO:

Exhibitor/Sponsor Set-Up: Friday, 3:30-5:00 p.m. Exhibit Hours: Friday: 5:30 p.m. - 7:00 p.m. (during Reception);  
Saturday: 7:30 a.m. - 4:30 p.m., or until 6:15 p.m. if you prefer. (**NOT SUNDAY**)

### COMPANY INFO:

Company Name (as you want it to appear): \_\_\_\_\_

Company Contact: \_\_\_\_\_

Booth Staff Names: \_\_\_\_\_

Do you need Electricity?: YES \_\_\_\_\_ NO, I do not need Electricity \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

Contact Email: \_\_\_\_\_ Booth Staff Email: \_\_\_\_\_

Signature: \_\_\_\_\_

CREDIT CARD #: (**VISA • MasterCard • AM EX**) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SECURITY CODE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_ / \_\_\_\_ **TOTAL PAID:** \$ \_\_\_\_\_

**FAX** to 805.772.4717 or **Email to:** [shsh@lymphseminars.com](mailto:shsh@lymphseminars.com)

Or, **Mail** all checks to:

**Lymphedema Seminars**

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