



2020 Northwest Laboratory Forum

March 6-8, 2020

Embassy Suites by Hilton – Seattle/Bellevue
Bellvue, WA

Event Sponsorship for 2020 NW Lab Forum

WSDLA Friday Reception Entertainment Sponsor- \$1,200 (1 available)

- Sole sponsorship of the Friday Night Reception
- 5 minutes to address attendees before reception (last session of the day)
- List of WSDLA members (*provided 4 weeks prior to the event*)
- List of WSDLA NW Lab Forum attendees (*provided post event*)

Lunch - \$ 1,000 (1 available – Saturday)

- Sole sponsorship of the lunch on Saturday
- 5 minutes to address attendees before or after lunch
- List of WSDLA members (*provided 4 weeks prior to the event*)
- List of WSDLA NW Lab Forum attendees (*provided post event*)

Break - \$600 (2 available – one Friday and one Saturday)

- Sole sponsorship of one of two (2) breaks during the Northwest Lab Forum
- List of WSDLA NW Lab Forum attendees (*provided post event*)

Breakfast - \$750 (1 available – Saturday)

- Sole sponsorship of the Saturday Morning Breakfast

WSDLA Attendee Program - \$ 1,500 (1 available)

- Sole sponsorship of the WSDLA Attendee Program
- Company logo along with WSDLA logo within attendee program
- Half page ad in attendee program
- List of WSDLA members (*provided 4 weeks prior to the event*)
- List of WSDLA NW Lab Forum attendees (*provided post event*)

WSDLA Attendee Lanyards for 2020 Forum and Roundtable- \$1,000 (1 available)

- Sole sponsorship of the WSDLA Attendee Lanyards
- (One color) company logo along with WSDLA logo on all attendee lanyards

WSDLA WIFI Sponsor- \$500 (1 available)

- Sole sponsorship of the WSDLA WIFI
- List of WSDLA NW Lab Forum attendees (*provided post event*)

Do you have a different sponsorship that you'd like to do for WSDLA? Contact us and we'll work together to come up with something that works for you and us! Please contact Christina Neuhauser at the WSDLA office at (800) 652-2212 or cneuhauser@executiveoffice.org with any questions or if you are interested in

EXHIBIT BOOTH FEES:

- **Member: \$450**
- **Non-Member: \$550**

2020 EXHIBIT BOOTH PACKAGE INCLUDES:

- One (1) 8' x 10' exhibit booth including draping on three (3) sides
- One (1) 6' table, two (2) chairs, one (1) wastebasket,
- One (1) Full Meeting Registration (*Additional exhibitor representative registrations will be available at a discounted fee of \$50 that will also include lunch on Saturday*)
- Company listing on www.wsdla.com
- Company recognition and product description included in conference information given to all attendees

Friday, March 6, 2020

5:45 p.m. – 6:45 p.m.

Friday Evening Reception (Exhibitor and Sponsor Reps Invited)

7:00 p.m.

Dutch Treat Dinner with Attendees (Location TBD)

Saturday, March 7, 2020

7:30 a.m.

Registration & Coffee – Network with Attendees

8:15 a.m. – 10:15 a.m.

Exhibitor Set-up

8:15 a.m. – 11:30 a.m.

Educational Sessions

11:30 a.m. – 1:30 p.m.

Exhibit Hall Open

11:30 a.m. – 12:30 p.m.

Lunch

12:00 p.m. – 12:30 p.m.

Table Clinic (*Sponsorship available*)

12:30 p.m. – 1:00 p.m.

Table Clinic (*Sponsorship available*)

1:00 p.m. – 1:30 p.m.

Table Clinic (*Sponsorship available*)

1:45 p.m. – 5:15 p.m.

Educational Sessions

1:30 p.m. – 4:00 p.m.

Exhibit Teardown

** Schedule as of 11/20/19. This schedule is subject to change.***NAME BADGES:**

The exhibitor confirmation packets will contain an onsite Exhibitor Representative Registration Form for exhibitors to use to register all on-site representatives. All individuals on the show floor will be required to have a name badge, both exhibitors and convention registrants.

TABLE CLINICS: \$225

WSDLA is offering CE during the exhibit hall hours! WSDLA will offer (3) 30 minute slots for Table Clinics at the NW Lab Forum. Table Clinics will include recognition in the onsite materials and course approval with the National Board for Certification in Dental Laboratory Technology (NBC).

The following time slots are available:

- Table Clinic #1 – 12:00 p.m. – 12:30 p.m.
- Table Clinic #2 – 12:30 p.m. – 1:00 p.m.
- Table Clinic #3 – 1:00 p.m. – 1:30 p.m.

LUNCH:

We are excited to announce we will again offer lunch on Saturday, March 7 from 11:30 a.m. – 12:30 p.m. for attendees and exhibitors. Lunch will be included in your registration fees.

POLICY ON EXHIBITORS ATTENDING SESSIONS:

Exhibitors are allowed to attend technical sessions, as space permits, at no additional charge, but entrance to the Friday hands-on workshop is not included.

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WSDLA TABLETOP/SPONSOR AGREEMENT

REGISTRATION INFORMATION

PLEASE COMPLETE THIS INFORMATION AS IT SHOULD APPEAR IN THE ONSITE PRINTED PROGRAM

Show Contact Name: _____

Company: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Fax: _____ Email: _____ Website: _____

Description of Products/Services for Printed Program (25 words or less): _____

NOTE: The person listed above will appear in the printed conference program. If this person is not the person who should receive the exhibitor kit and other show materials, please list below the name and contact information of the main show contact.

Pre-Show Contact Name: _____

Address: _____

City/State/Zip: _____ Phone/Fax/Email: _____

BOOTH LOCATION DESIRED

WSDLA will assign tabletop locations in the order payments are received.

If possible, do not place our tabletop next to the following companies (please list specific names):

SPONSORSHIP & TABLETOP DISPLAY FEES (Please check all that apply):

	<u>Member/Non-Member</u>	
Tabletop Display	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550
Table Clinic	<input type="checkbox"/> \$225	<input type="checkbox"/> \$225

Additional Sponsorship Selection(s) (please list): _____ \$ _____

TOTAL PAYMENT DUE (including sponsorship and tabletop display): \$ _____

PAYMENT INFORMATION

Check Enclosed (made payable to WSDLA) Credit Card: MC Visa AmEx

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Signature of Cardholder: _____ Print Name of Cardholder: _____

Billing Address & Zip Code: _____

CONTRACT AGREEMENT

I understand that this application becomes a contract when signed below and accepted by the WSDLA Exhibit Manager. I agree to abide by the conditions of this contract. Contract will not be accepted without a signature.

CANCELLATION: No cancellation shall be acknowledged unless received in writing by the WSDLA executive office. Should a sponsor or exhibitor wish to cancel after receipt of signed agreement, a 50% refund will be given by WSDLA. **No refunds will be given for cancellations requested after February 14, 2020.**

Signature of Authorized Representative: _____

Title: _____ Date: _____

Upon completion, please return to the Washington State Dental Laboratory Association, 325 John Knox Rd, Ste L103, Tallahassee, FL 32303 or by fax to (850) 222-3019. For additional questions or information, please contact WSDLA at (800) 652-2212 or email wsdla@executiveoffice.org.