

2019 SWSOMS Combined Annual Meeting Exhibitor Contract

Complete and return this contract to reserve and hold your space. Table locations are assigned on a first come-first served basis. Premium placement is available for SWSOMS Corporate Supporters. For faster processing, visit <http://regonline.com/SWSOMS19-exhibit>. Contracts may also be submitted via fax (210-614-5234), or email kelly@tractiontohealthy.com. Payment for this contract is due within four weeks of receipt. With the execution of the agreement, the exhibitor agrees to lease space at the SWSOMS Combined Annual Meeting, April 4-7, 2019, at the El Dorado Hotel & Spa, Santa Fe, New Mexico. Cancellations received in writing before January 1, 2019, will receive a full refund. All others are subject to the terms listed in this Exhibitor Prospectus.

Company: _____ Contact: _____

Address: _____ City: _____ State/Zip _____

Website: _____ Email: _____

Booth Personnel:

Early Bird Registration Ends December 31, 2018

Basic Exhibit Booth

_____ \$1,750 (\$2,000 after December 31, 2018)
 Name Basic Tabletop exhibit \$ _____

Corporate Support Opportunities

(Includes basic exhibit booth fee)

_____ \$10,000 or more (Platinum Level) \$ _____
 Title _____ \$8,000 - \$9,999 (Gold Level) \$ _____
 Email _____ \$5,000 - \$7,999 (Silver Level) \$ _____
 Phone _____ \$3,000 - \$4,999 (Bronze Level) \$ _____

_____ Golf _____ Saturday Evening Reception

Additional Amenities/Activities

_____ \$150.00 - Electricity for Booth \$ _____
 Name _____ \$70.00 - WiFi Access \$ _____
 Title _____ X \$165.00/pp - Golf Tournament \$ _____
 _____ X \$55.00 - Golf Club Rental \$ _____
 Email Please choose preference:
 _____ Men's _____ Women's
 Phone _____ Right Handed _____ Left Handed
 _____ X \$175.00/pp - Saturday Evening
 _____ Golf _____ Saturday Evening Reception President's Event \$ _____

TOTAL \$ _____

Checks Payable to: **SWSOMS, P.O. Box 781228, San Antonio, Texas 78278, 210-614-3915**

If paying by Visa/Mastercard/Discover/American Express, complete the following and fax to: **210-614-5234**

Card Number _____ Expiration _____ CVV@/CVC2/CID Code _____

Billing Address _____ City _____ State/Zip _____

Name on Card _____ Signature _____