

# Western Institute of Nursing

40<sup>th</sup> Annual Communicating Nursing Research Conference  
21<sup>st</sup> Annual WIN Assembly  
April 12-14, 2007  
Marriott Portland Downtown Waterfront, Portland, OR

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## Exhibit Space Application and Contract

This application and contract is by and between the Western Institute of Nursing (WIN) and the company listed below (referred to as "Exhibitor"). WIN agrees to provide the Exhibitor the space/services listed below.

### Exhibit Space - Please select 1 category:

Our agency is a  Large corporation  Book company  For-profit organization and wishes to reserve exhibit space at **\$500 each**.

Our agency is a  Small nurse-run business  School of Nursing  Not-for-profit organization and wishes to reserve exhibit space at **\$350 each**.

- Exhibit space with 6 foot by 30 inch table with drape and one chair, or Exhibitor provided free-standing exhibit.
- Exhibit pass for one individual for the conference.
- Recognition in conference program.

Admission for Additional Exhibitors @ \$350 each

Electrical Service (Exhibitor additional expense)

Free-standing Exhibit (Exhibitor provided)  
Please provide specifications so appropriate space can be reserved. Exhibit should not exceed 6' x 3'.

Other special requirements: \_\_\_\_\_

**Please complete and sign the other side of this form.**

Company Name: \_\_\_\_\_

Name of Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Brief description of product/service to be displayed: \_\_\_\_\_

The Exhibitor agrees to abide by the terms of this contract and any applicable provisions under WIN's agreement with the management of the Marriott Portland Downtown Waterfront Hotel, all of which are made a part of this contract by reference and fully incorporated herein. The Exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of injury or damage to exhibitor's displays, equipment and other property brought upon the premises of the hotel.

Cancellations and requests for refunds must be received in writing thirty (30) days prior to the opening date of exhibits. If these requirements are met, fifty percent of the exhibit fee will be refunded after the conference.

The individual signing on behalf of the Exhibitor warrants that he/she is authorized to do so.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Fees:**

Large corporation, book company, for-profit organization	\$500	X	No. of tables _____ (or free-standing exhibits)	= \$ _____
Small nurse-run business, school of nursing, not-for-profit organization	\$350	X	No. of tables _____ (or free-standing exhibits)	= \$ _____
Additional Registrants	\$350	X	No. of reps _____	= \$ _____

Total: \$ \_\_\_\_\_

**Payment Options:**

- Check Enclosed (make checks payable to WIN)
- Check will follow - PO Number \_\_\_\_\_
- Credit Card (circle one)    Visa    MasterCard

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**Return completed form with payment or payment information no later than February 23, 2007 to:**

Western Institute of Nursing, SN-4N, 3455 SW Veterans Hospital Rd, Portland, OR 97239-2941  
Phone: 503-494-0869; Fax: 503-494-3691; Email: win@ohsu.edu