

Submit completed applications to

WSU Conference Management
Attn: NBMA Biosolids Conference
2606 West Pioneer
Puyallup WA 98371-4998

253-445-4629

253-445-4633 fax

janet.mcloughlin@wsu.edu

Please complete the following vendor registration information. Duplicate as needed and use a separate form for each exhibiting agency or vendor. Vendor exhibit registration must be postmarked, phone, faxed or completed online by Monday, August 24, 2015.

2015 BIOSOLIDS MANAGEMENT CONFERENCE

Agency and vendor exhibits will be featured at the **VENDOR EXPOSITION** on Sunday and Monday evenings, and will remain on display throughout the conference. Each vendor who registers will receive one (1) 3' x 6' display table. Set-up for all displays will begin Sunday, September 20 at 4:00 pm. **EXHIBITORS ARE RESPONSIBLE FOR PINS, VELCRO, BACKDROPS, AND ALL OTHER RELATED ITEMS FOR THEIR DISPLAY;** these will not be available at the conference. NBMA member agencies and subscriber companies may display products, materials and equipment at a cost of \$60.00. Non-members will be charged a fee of \$450.00 per exhibit space in addition to the conference registration fee. If you are not currently a member and would like to become one (and qualify for the \$60.00 rate), please submit an application online at **WWW.NWBIOSOLIDS.ORG** or contact the NBMA office at **(206) 477-5565**. NBMA member agencies and subscribers will be given first preference.

NOTE: This form reserves exhibit space for the duration of the conference only. The exhibitor fee does not include the conference registration fee or lodging, each of which must be arranged separately.

QUESTIONS ABOUT YOUR DISPLAY?

Contact WSU Conference Management at (253) 445-4629.



CONTACT INFORMATION *(Please print)*

Organization

Contact Name

Title

Mailing Address

City

State/Province

ZIP/Postal code

Country

E-mail

Daytime phone

Fax

PAYMENT

☐ NBMA member agency or subscriber company \$ 60.00

☐ Standard exhibitor \$450.00

TOTAL AMOUNT DUE \$

☐ Payment is included for the total amount listed above

(Payable to Washington State University, in U.S. funds drawn on a U.S. bank)

☐ Bill my company, P.O. # Bill to the attention of:

Billing address:

☐ Charge my ☐ Visa or ☐ Mastercard, # - -

Exp. Date: / CVV # Name on card:

Billing address (if different from above):

DISPLAY OPTIONS

☐ Table top OR ☐ Free standing

I will require electrical services

☐ Yes ☐ No

☐ Additional requirements *(list below)*: