APPLICATION/CONTRACT FOR EXHIBIT SPACE
Blue Mountain Occupational Safety & Health Conference

June 9, 2010 • Blue Mountain Conference Center • La Grande, Oregon

Please Print or Type

Organization: _____

Address: _____

City: _____ State: _____ ZIP: _____

Contact person: _____ Position/title: _____

Phone: (_____) _____ Ext.: _____ Fax: (_____) _____

E-mail: _____ Web site: _____

I wish to reserve _____ 6ft. table top display(s).

❑ I will need an electrical outlet (complimentary).

Space cannot be confirmed until full payment is received. Upon receipt of full payment, you will be sent a confirmation letter with your table assignment. Assignment of exhibit space will be on a first-come, first-served basis with the exception that the conference planning committee will assign exhibit space to provide physical separation of competitors who do not wish to be near each other.

Please provide a description of the service/product(s) you will be displaying at this conference: _____

_____

_____

_____

List any vendors you wish (or do not wish) to be adjacent to:

Next to: _____

Away from: _____

All sponsoring organizations assume no liability for property lost from your exhibit during the conference due to robbery, fire, accident, or any other hazard, without limitation. The conference reserves the right to disallow any display or firm that may not be in keeping with the goals of this conference. This conference is an educational forum where workers, safety and health professionals, and employers come to gain knowledge and skills in occupational safety and health.

Please return this application and your check payable to Oregon SHARP Alliance:

Blue Mountain Conference
PO Box 5640
Salem, OR 97304-0640

FAX: (503) 947-7019
(Federal tax ID #93-1301636)

Questions? *Call the Conference Section at* **503-378-3272**; *e-mail:* **oregon.conferences@state.or.us**

Cost of each exhibit space (6′ table) $200.00

Amount Enclosed: $_____

(Exhibit Fee is Non-Refundable)

Office use only

Date Rec. _____

Amt. Rec. _____

Check # _____

PO # _____

Last 4 _____

Charge my: ❑ Mastercard ❑ VISA ❑ American Express

Name on card: (*print*) _____

Phone number: (_____) _____

Exp. date: _____ Security code _____ { *3 digits on back of Mastercard or VISA; 4 digits on front of American Express*

Signature: _____

Credit card#: | | | | | | | | | | | | | | | |

For your protection, your credit card number will be shredded after processing.