

# APPLICATION/CONTRACT FOR EXHIBIT SPACE

## Central Oregon Occupational Safety & Health Conference

September 22-23, 2010 • Eagle Crest Resort • Redmond, Oregon



**Please Print or Type**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact person: \_\_\_\_\_ Position/title: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

I wish to reserve \_\_\_\_\_ exhibit spaces.

**Table Preference:** Choice #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
6 ft. draped table (Refer to exhibit layout for table choices.)

I will need  will not need  an electrical outlet.

Table numbers cannot be confirmed until payment is received. Upon receipt of 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. The conference planning committee will assign exhibit space and attempt 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:** \_\_\_\_\_

COSHA and Oregon OSHA 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 to:**

Central Oregon Conference  
 PO Box 5640  
 Salem, OR 97304-0640

**FAX: (503) 947-7019**  
 (Federal tax ID #93-1234637)

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

**Cost of each exhibit space ..... \$325.00**

**Amount Enclosed: \$ \_\_\_\_\_**

*Make payable to Central Oregon Conference (Exhibit Fee is Non-Refundable)*

Charge my:  Mastercard  VISA  American Express

Name on card: (print) \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Exp. date: \_\_\_\_\_ Security code \_\_\_\_\_

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

Credit card#:

**Office use only**

Date Rec. \_\_\_\_\_

Amt. Rec. \_\_\_\_\_

Check # \_\_\_\_\_

PO # \_\_\_\_\_

Last 4 \_\_\_\_\_

{ 3 digits on back of Mastercard or VISA  
 { 4 digits on front of American Express

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

# EAGLE CREST CONFERENCE CENTER FLOORPLAN

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