

APPLICATION/CONTRACT FOR EXHIBIT SPACE

Central Oregon Occupational Safety & Health Conference

September 16-17, 2009 • 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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