



2024 EXHIBITOR/CAREER FAIR RESERVATION FORM

Company Name: _____
(As it should appear in conference material)

All correspondence regarding this exhibit should be sent to the following contact:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Showcase Description:

- This showcase was designed primarily for companies/institutions with available career opportunities to network with potential job candidates. This includes medical centers and/or hospitals sending HR representatives.
- Display fees provide exhibitors with attendee badges during showcase hours only. Please contact the conference office to register.
- All display areas are equipped with a 6-foot table and two chairs. Displays cannot be any larger than 4ft x 6ft.
- Please be aware that we are not able to provide power, electrical outlets, telephone lines or Internet connections for displays. Portable generators or external power sources are not allowed. Displays must fit in your 4'X6' designated area.

Cancellation and Refund Policy: To receive a refund, cancellation requests must be made in writing and must be received by the Western States Conference no later than April 30, 2024. Requests made prior to this date are entitled to 50% refund of the total exhibiting fees. Requests made after that date will not be granted a refund.

To Validate this Contract:

1. Exhibitor understands that this application becomes a contract when signed by a company representative and accepted by the Western States Conference.
2. Forms must be submitted with a minimum of 50% payment.
3. Full payment is due no later than April 30, 2024.

Exhibit/Career Fair Fees and Hours:

Thursday, May 30 & Friday, May 31, 2024

12:00 pm – 1:30 pm. Please indicate if you would like to display one or both days at the conference.

Display Table: _____ x \$1,800
Thursday _____ Friday _____

(Hospital/Institution **without** residents or fellows attending the conference, booth staffed by HR personnel recruiting system-wide)

Display Table: _____ x \$800
Thursday _____ Friday _____

(Hospital/Institution **with** residents or fellows attending the conference; booth staffed by registered preceptors, fellows or residents recruiting for a single site)

Payment Info: Check Enclosed (Payable to Western States Conference) **OR** Credit card.

Card Number: _____
CVC: _____ Exp: _____

Credit card address: _____

Email: information@westernstates-rx.org **OR**

Mail to: 4720 N Arcade Ave Fresno, CA 93704

Please note that forms will NOT be processed unless accompanied by payment of at least 50% or more. If full payment is not received prior to the start of the conference, this contract will be void.