



WithinReach and the Immunization Action Coalition of Washington invites you to Exhibit at the **2019 Washington State Immunization Summit on October 8, 2019 at the Lynnwood Convention Center.**

**The Summit will bring together over 250 immunization professionals from across Washington State** for a daylong learning event focused on advancing thinking about immunizations across the lifespan. The Summit will offer networking opportunities throughout the day, including three breaks intended to encourage interaction between attendees and exhibitors.

Your organization has the opportunity to showcase its products and services to a broad audience, including physicians, nurses, pharmacists, public health professionals and others. See the attached form for the benefits your company will gain by exhibiting. Course registration is also available online at <https://waimmzsummit.eventbrite.com>.

**There are a limited number of exhibitor spaces for this event, so please register early, but no later than August 9th by returning this form to Colin Rhodes [colinr@withinreachwa.org].**

Washington leads the country as a state that promotes dynamic, cutting-edge immunization practices and education; WithinReach is excited to offer this additional opportunity for engagement in the immunization field. We look forward to your participation in this event!

Sincerely,

**Colin Rhodes**  
Coordinator, Community & Systems  
WithinReach

## 2019 SUMMIT EXHIBITOR INFORMATION

### WASHINGTON STATE IMMUNIZATION SUMMIT

Lynnwood Convention Center, Lynnwood, WA | October 8, 2019 | Hosted by WithinReach

WithinReach is pleased to be hosting our second Washington Immunization Summit on October 8, 2019 at the Lynnwood Convention Center. The event will bring together immunization leaders and health care providers from around the state for a day of learning and networking. **We welcome your participation in this event as an Exhibitor.**

Exhibits will be located in the hallway adjacent to the Immunization Summit; all food will be served in the exhibit area to ensure interaction between guests and exhibitors. Exhibitors will be supplied with a 6-foot skirted display table and two chairs. A power drop will be available upon request, in advance or on the day of the event, for an additional charge of \$60 payable directly to the Convention Center. Conference attendees will have the opportunity to visit exhibitors before the event begins, during the morning break, over lunch and for an afternoon break.

**Register to exhibit early! A maximum of 10 exhibitor tables will be available.**

### EXHIBITOR: \$1,000\*

---

- Exhibit table & 2 chairs
- Listing in exhibitor program
- One conference registration

\* After August 9, exhibitor cost increases to \$1500, as space allows.

### NON-PROFIT EXHIBITOR: \$200\*

---

- Exhibit table & 2 chairs
- Listing in exhibitor program
- One conference registration

\* After August 9, exhibitor cost increases to \$250, as space allows.

## 2019 SPONSORSHIP & EXHIBITOR CONTACT & PAYMENT FORM

WASHINGTON STATE IMMUNIZATION SUMMIT

Lynnwood Convention Center, Lynnwood, WA | October 8, 2019 | Hosted by WithinReach

To ensure your organization is listed in all exhibitor materials, please email, fax or mail this form by **August 9, 2019**:

WithinReach [ Attn: Colin Rhodes ]

155 NE 100th Street, Suite #500 Seattle, WA 98125

Email: [colinr@withinreachwa.org](mailto:colinr@withinreachwa.org)

WithinReach is a non-profit organization Tax ID: 91-1443685

We would like to sponsor/exhibit at the following level:

Exhibitor \$1,000

Non-Profit Exhibitor \$200

Contact Person (person in charge of making sponsorship or exhibitor booth arrangements):
Company Name (as it should appear in printed materials):
Non-Profit Tax ID# (if applicable):
Street Address:
City, State, Zip:
Phone:
Email:
Please make checks payable to WithinReach: <input type="checkbox"/> Check is enclosed <input type="checkbox"/> Check will be sent separately, please hold our space

**For the Exhibitor Fee, your company receives one complimentary registration.** Please complete the information below with the name and contact information for the person that will be receiving the free registration.

Name of Person for Complimentary Exhibitor Registration:
E-mail of Person for Complimentary Exhibitor Registration:
Dietary Restrictions for Complimentary Exhibitor Registration:

**Please complete information below ONLY if the exhibitor booth representative is different from the person receiving the complimentary registration above OR if there are multiple representatives working at your booth.**

Name of Exhibit Representative 1:
Email of Exhibit Representative 1:
Dietary Restrictions of Exhibit Representative 1:
Name of Exhibit Representative 2:
Email of Exhibit Representative 2:
Dietary Restrictions of Exhibit Representative 2:
Name of Exhibit Representative 3:
Email of Exhibit Representative 3:
Dietary Restrictions of Exhibit Representative 3: