

84TH ANNUAL WESTERN VETERINARY CONFERENCE

WVC ADVERTISING ORDER FORM

Please select your choices

- | | | | |
|----------------------------------------------------------------|-----------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Pre-Conference Attendee Mailing List* | \$1,000 | Non-exclusive | Available 1/23/12 - 2/9/12 |
| <input type="checkbox"/> Post-Conference Attendee Mailing List | \$1,000 | Non-exclusive | Available after 2/27/12 |
| <input type="checkbox"/> Conference Bag Insert** | \$2,300/Insert | Non-exclusive, one complimentary for Platinum/Gold Sponsors | Order must be received by 12/30/11. Delivery must be received by 1/13/12. Limited space. First-come, first-served. |
| <input type="checkbox"/> Exterior Banner (20 x 28 ft.) | \$7,500 + Add'l Fees^ | Exclusive to Platinum/Gold Sponsors | |
| <input type="checkbox"/> Exhibit Hall Banner (15 x 15 ft.) | \$1,500 + Add'l Fees^ | Non-exclusive, but location based on overall sponsorship level | |
| <input type="checkbox"/> Exhibit Hall Rotating Kiosk | \$5,000 + Add'l Fees^ | Non-exclusive | |
| <input type="checkbox"/> Meter Board | \$5,000 + Add'l Fees^ | Exclusive to Platinum through Bronze Sponsors | |

*One complimentary list provided to all sponsors. **Quantity required: 10,000. ^Additional fees charged for production and hanging, handled through GES.

Contact Name: _____ Booth No.: _____

Company Name: _____

Billing Address: _____

Phone: _____ Fax: _____ Email: _____

The undersigned hereby agrees that each Attendee Mailing List order will be for one-time use only.

Signature: _____

Payment Information

Method of Payment (Please check one):

- Fee waived due to sponsorship level. Contact WVC for more information.
- Check. Make check payable to Western Veterinary Conference and submit to the payment address below.
- Credit Card: American Express MasterCard Visa Discover

Card No.: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Total Amount: _____ Billing Zip Code: _____ Authorized Signature: _____

Return completed form to:

Mr. Joel Altman, Exhibits Manager
2425 E. Oquendo Road, Las Vegas, NV 89120
Tel: 702.739.6698, Fax: 702.739.6420
Toll-free: 866.800.7326, Email: joel@wvc.org

Submit payment to:

Western Veterinary Conference
PO Box 50755, Henderson, NV 89016

