

# Exhibitor Registration



## North Willamette Horticulture Society Conference & Trade Show 63<sup>rd</sup> Annual Meeting 2018



January 9<sup>th</sup> ~ Vegetable Day • January 10<sup>th</sup> ~ Organic Crops Day • January 11<sup>th</sup> ~ Berry Day  
Clackamas County Event Center, 694 NE 4<sup>th</sup> Ave, Canby

Name: (for name badge) First: \_\_\_\_\_ Last: \_\_\_\_\_  
Company/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**Exhibitor Registration Fee** – Includes exhibitor table, registration, membership, and breakfast & lunch all 3 days for one person. Tables are 4' x 8' and covered w/ linen tablecloth. Access to set up will be available 6 a.m. Tuesday, January 9<sup>th</sup>.

\$ 300.00 \$ \_\_\_\_\_

**Additional Booth Staff** – are required to purchase registration/membership (B & L included).

**Single Day - Check as needed:**

Vegetable Day	Tuesday, January 9th	\$ 45.00	\$ _____	Name _____
Organic Crops Day	Wednesday, January 10 <sup>th</sup>	\$ 45.00	\$ _____	Name _____
Berry Day	Thursday, January 13 <sup>th</sup>	\$ 45.00	\$ _____	Name _____

**Multiple Days - Check as needed:**

2 Days - Circle days: Organic – Veg – Berry	\$ 85.00	\$ _____	Name _____
3 Days	\$ 125.00	\$ _____	Name _____

**Sponsor** – Includes acknowledgment of sponsoring company/person name in Exhibition Hall

Sponsorship for Coffee Break and Wine & Cheese Social	\$ 50.00	\$ _____
General Sponsor (suggested minimum \$25.00)		\$ _____
Contribution to NWREC (suggested amount \$250.00)		\$ _____
Conference Sponsorship with one-page ad in the program	\$ 500.00	\$ _____
<b>Total</b>		\$ _____

### PAYMENT METHOD

Please remit payment by Check payable to: **NWHS**

**OR**

(Please check appropriate box)  VISA  MasterCard  American Express

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Customer Code on back of card: \_\_\_\_\_

(If different from address above)

Billing address of card: \_\_\_\_\_

**Please mail or fax completed registration form with payment to:**

**NWHS**

**Phone:** 971-373-5912

**Email:** [jan.egli@oregonstate.edu](mailto:jan.egli@oregonstate.edu)

**c/o NWREC (North Willamette Research & Ext Ctr.)  
15210 NE Miley Rd, Aurora, OR 97002**