

West Virginia Veterinary Medical Association
Annual Meeting at The Greenbrier Resort
White Sulphur Springs, WV
April 18 – 20, 2024

CONTRACT FOR EXHIBIT SPACE

Application is hereby made for assignment of booth display of merchandise and/or services at the meeting of the West Virginia VMA to be held at The Greenbrier, White Sulphur Springs, West Virginia, April 18-20, 2024.

*It is agreed that full payment must accompany the signed contract in order to reserve space.
Requests for specific booth location cannot be guaranteed.*

It is further agreed that:

- No refunds will be made for exhibit space canceled after **March 1, 2024**.
- Relocation in another space of equivalent area will be accepted should such location become necessary or advisable in the judgment of the Association.
- Companies may not share booths. Only one company per contracted booth.
- The exhibitor agrees to hold the WVVMA and The Greenbrier harmless from any and all claims, judgements and expenses of litigation arising out of any property loss or damage, or personal injury or death caused by or arising out of the use of the leased space.

EXHIBIT FEES

1 booth: \$750 | \$400 if Platinum Sponsor | Free if Diamond Sponsor

Your exhibit fee includes one 6ft table, two chairs and general overhead lighting. Electrical must be arranged and paid by exhibitor to The Greenbrier. Upon receipt of a completed contract, WVVMA will send electrical & information to the contact name listed on form. **Set-up is Thursday, April 18 from 3:00-7:00pm.**

Booth space is limited. Once all exhibit space is filled, WVVMA has the right to return fees to potential exhibitor.

COMPANY INFORMATION

Company Name: _____
Contact Name: _____
Email: _____
Phone number: _____
Address: _____
City: _____ State: _____ Zip: _____

*Representatives attending the conference
(please provide e-mails):

1. _____
2. _____
3. (additional \$50.00) _____

*Please list the names of companies adjacent to which you do NOT wish to be located:

PAYMENT INFORMATION

Credit card number: _____
Expiration Date: _____ CCV Code: _____
Name on card: _____
Billing Address: _____
Billing State: _____ Billing Zip Code: _____
Signature: _____
Date: _____

Checks may be mailed to our office at:
3801 Westerre Parkway, Suite D
Henrico, VA 23233

Please sign and return your completed contract to:

WVVMA, 3801 Westerre Parkway, Suite D, Henrico, VA 23233

Tel: 804-346-0170 | Fax: 804-346-2655 | Email: Victoria@wvma.org