

**West Virginia Veterinary Medical Association**  
**Annual Fall Meeting at The Greenbrier Resort**  
**White Sulphur Springs, WV**  
**November 11-14, 2021**

**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, November 11-14, 2021.

*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 **October 1, 2021**.
- 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, November 11 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