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Washington Medical Case Management Association

Annual Conference & Expo 2009

Thursday October 8, 2009 · 8:30 a.m. to 4:00 p.m. · Lynnwood Convention Center

Conference Schedule

8:30 a.m. - 9:30 a.m. Provider Resource Fair and Job Fair **10:00 a.m. - 12 noon** Featured Diabetes Educational Presentation
12 noon - 1 p.m. Provider Resource Fair and Job Fair/Bufferet Lunch **1 p.m. to 3 p.m.** Featured Diabetes Educational Presentation **3 p.m. to 4 p.m.** Provider Resource Fair and Job Fair

VENDOR REGISTRATION INFORMATION

Exhibitor Level (\$250)

- Includes one 6-foot table for your company display and admission for two to conference including lunch.

Health Care Recruitment/Job Fair Table (\$500)

- Includes one 6-foot table for your company display and admission for two to conference including lunch.
- Company logo and link to your company website from the WMCMA website for three months.
- Name on display board under Job Fair / Recruitment section.
- WMCMA membership contact list of attendees (permission based list).

****BECOME A SPONSOR AND RECEIVE THE FOLLOWING BENEFITS**:**

BRONZE Sponsor (\$450)

- Includes one 6-foot table for your company display and admission for two to conference including lunch.
- Sponsor's company logo and link to your company website from the WMCMA website for three months.
- Name on sponsorship display board.

SILVER Sponsor (\$650)

- Includes one 6-foot table for your company display and admission for two to conference including lunch.
- Key positioning of your exhibit during the fair.
- Sponsor's company logo and link to your company website from the WMCMA website for three months.
- Name on sponsorship display board.

GOLD Sponsor (\$900)

- Includes one 6-foot table for your company display and admission for three to conference including lunch.
- Key positioning of your exhibit during the fair.
- Sponsor's company logo and link to your company website from the WMCMA website for six months.
- Name on sponsorship display board.

Contact Nancy Campbell at (425) 745-8505 or email nancyc@theraresources.com or Gloria Simmons at (360) 856-0965 or Gloria.Simmons@premera.com for more information.

REGISTRATION REQUIRED FOR ALL VENDORS. PAYMENT DUE AT TIME OF REGISTRATION.

Name: _____ Company: _____
Mailing address: _____ City/State/Zip: _____ E-mail: _____
Phone: _____ Fax #: _____ Will you need access to an electrical outlet? _____

Job recruitment table Exhibitor Level Bronze Sponsor Silver Sponsor Gold Sponsor
Payment Information: Check Visa MasterCard \$ _____ (amount authorized for payment)

Credit Card# _____ Exp. Date _____ CVV# _____ Name on card: _____

Make checks payable to WMCMA. Mail payment and registration form to WMCMA, PO Box 4084, Everett, WA 98204 or fax completed form to (425) 953-4709. Contact WMCMA at (425) 329-9456 for registration/payment questions.