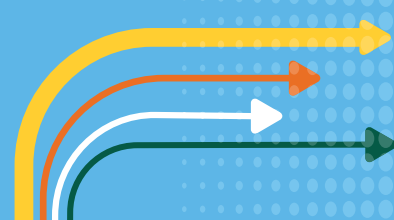




EXHIBIT



Connect with the meeting attendees and get known by museum executives from leading cultural institutions in the U.S. and abroad. *Reserve your booth today!*

Exhibit Hall Reservation Form

Exhibits are available on a first-come first-served basis.

Corporate Membership is required to exhibit at the Annual Meeting.

The WMA offers three levels of Corporate Membership, which renew annually and provide a number of benefits.

Corporate Membership Levels

- Level 1** (1-9 staff)
- Level 2** (10+ staff)
- Patron**

Annual Dues

\$200
\$350
\$500

Subtotal

\$

Exhibitor Fees

Paid by April 29

Paid by June 17

Paid After June 17

- Exhibit Hall Booth

\$1,075

\$1,325

\$1,475

\$

With safety being a key concern as we return to an in-person Annual Meeting, Exhibit Hall space has been limited. Reserve your booth early to ensure your connection to the WMA community!

All booths will include back and side wall draping; 8' skirted table and 2 chairs; 2 Annual Meeting registrations; One-line exhibitor sign; Company listing and description in the Annual Meeting program. Additional furnishing and electric services are available through the decorator for a fee.

BONUS: Secure your exhibit space by **June 17th, 2022** to pre-select your exhibit location. After **June 17th, 2022** exhibits will be assigned on a first-paid, first-served basis.

Exhibit Hall Enhancements

Only available through **June 17, 2022.**

- Full page ad in program
- Half page ad in program
- RegPack Swag
- Online Adverts

\$750
\$500
\$400
\$250

\$

TOTAL ENCLOSED

\$

Reserve your Exhibit Hall space by completing the form at the back of this brochure and returning to WMA staff.

Exhibit Information

Please enter your information clearly and EXACTLY as you would like it to appear in WMA listings.

Primary Contact _____
 Company _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 E-mail _____

Method of Payment

Check Enclosed (payable to Western Museums Association)
 Credit Card: AmEx MasterCard Visa
 Card# _____ Exp. Date _____
 Cardholder's Name _____
 Billing Address _____
 City _____ State _____ Zip _____
 Signature _____ Date _____

Complete this form and return it with payment to:

For more information contact:
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Western Museums Association
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