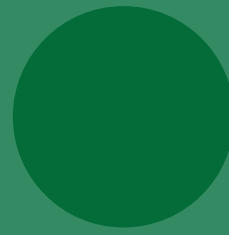


EXHIBIT



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

<input type="checkbox"/> Level 1 (1-9 staff)	Annual Dues	}	Subtotal
<input type="checkbox"/> Level 2 (10+ staff)	\$200		\$
<input type="checkbox"/> Patron	\$350		
	\$500		

Exhibitor Fees	Paid by April 26	Paid by June 21	Paid After June 21	}	\$
<input type="checkbox"/> Exhibit Hall Booth	\$1,300	\$1,500	\$1,650		

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 **April 26th, 2024** to pre-select your exhibit location. After April 26th, exhibits will be assigned on a first paid, first served basis..

Exhibit Hall Enhancements

Only available through June 21, 2024

<input type="checkbox"/> Full page ad in program	\$750	}	\$
<input type="checkbox"/> Half page ad in program	\$500		
<input type="checkbox"/> RegPack Swag	\$400		
<input type="checkbox"/> Online Adverts	\$250		
			TOTAL ENCLOSED
			\$

SPONSOR 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 _____

For more information contact:
Jason B. Jones, WMA Executive Director
707.433.4701 • wma@westmuse.org

METHOD OF PAYMENT

Check Enclosed (payable to Western Museums Association)

Credit Card: AmEx MasterCard Visa

Card# _____
 Exp. Date _____ CVC _____
 Cardholder's Name _____
 Billing Address _____
 City _____ State _____ Zip _____
 Signature _____ Date _____

Complete this form and return it with payment to:

Jason B. Jones • wma@westmuse.org
Western Museums Association | P.O. Box 4738 Tulsa, OK 74159