

2019 WALA SPRING CONFERENCE EXHIBITOR REGISTRATION



2019 WALA Spring Conference at the Kalahari Resort in Wisconsin Dells, March 13 - 15

Contact Person _____
 Company _____ Title _____
 Company Description (3-5 words) _____
 Address _____
 City, State, Zip _____
 E-mail _____ Phone _____

EXHIBITOR REGISTRATION

YES, I want to be an EXHIBITOR at the 24th WALA Conference Thursday, March 14, 2019 at the Kalahari Resort & Convention Center with over four hours of direct contact with attendees.

**INCLUDED w/
BOOTH** Name (if different from above) _____
 Title _____
 Address _____
 E-mail _____
 Phone _____

ADD. @ \$75 Name (if different from above) _____
 Title _____
 E-mail _____
 Phone _____

ADD. @ \$75 Name (if different from above) _____
 Title _____
 E-mail _____
 Phone _____

CANCELLATION POLICY

WALA Cancellation Policy:

Staff substitutions encouraged. Exhibitors canceling in writing before February 9, 2019 will receive a full refund, minus \$100 handling fee.

No refunds after February 9, 2018.

Number of exhibit spaces (each includes one staff person) Current Member: _____ x \$800 = _____
 Non-Member: _____ x \$1,100 = _____
 Number of additional booth staff (names may be added later) x \$ 75 = _____
 Wednesday, March 13, 2019 Meet & Greet Event x \$ 85 = _____
 Add my logo to my company description in the brochure x \$100 = _____
 Total = _____

METHOD OF PAYMENT

Check MasterCard Discover American Express Visa

Card Number _____ Expiration date _____

Cardholder's Name _____ CVV _____

Cardholder's Signature _____

Please send form & payment to: WALA, P.O. Box 7730, Madison, WI 53707-7730 Phone: (608) 288-0246 Fax: (608) 288-0734

For Office Use Only

Date Registration Received _____ Date Payment Received _____
 Name on Check/Card _____
 Type of Payment/Check # _____ Amount Received _____ Date Entered QB _____ Date Entered YM _____