

WALA 2019 Fall Conference



*On Your Future*

2019 WALA Fall Conference at the Ingleside Hotel, September 17-18, 2019

Contact Person \_\_\_\_\_  
 Company \_\_\_\_\_ Title \_\_\_\_\_  
 Company Description \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_

### *Exhibitor Registration*

YES, I want to be an **EXHIBITOR** at the 2<sup>nd</sup> Annual Fall Conference Wednesday, September 18, 2019.

Name (if different from above) \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Phone \_\_\_\_\_

### *Totals*

Number of exhibit spaces ..... Current Member: \_\_\_\_\_ x \$400 = \_\_\_\_\_  
 ..... Non-Member: \_\_\_\_\_ x \$650 = \_\_\_\_\_  
 Tuesday, September 17 Evening Reception ..... Attendees: \_\_\_\_\_ x \$ 25 = \_\_\_\_\_  
**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*

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