



# EXHIBITOR REGISTRATION

2020 Fall Convention | September 24-26, 2020

Kalahari Resort & Convention Center, Wisconsin Dells.

Company Name (as it should appear on booth signage) \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Contact Phone (# you want published) \_\_\_\_\_ Fax \_\_\_\_\_

Contact Email \_\_\_\_\_ Website \_\_\_\_\_

### Event Staff Names & Email Address (Names as they should appear on name tags)

<u>Name</u>	<u>Email</u>
1. _____	_____
2. _____	_____

Product Description: \_\_\_\_\_

### Booth Selection

- PREMIUM / PREFERRED CORPORATE PARTNER BOOTH** No charge for one, \$500 for each additional
- SUPPORT CORPORATE PARTNER BOOTH \$400 each**     **WCA MEMBER BOOTH \$500 each**
- NON CORPORATE PARTNER BOOTH \$800 each**     **Electricity Needed? Cost \$65** Yes \_\_\_\_\_ No \_\_\_\_\_  
*Deadline to add electricity August 31, 2020*

Location Preferences (top 3): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ *Every effort will be made to accommodate exhibitor preference.*

1. Will you be bringing banners? Yes \_\_\_\_\_, if so what size? \_\_\_\_\_ No \_\_\_\_\_

2. If you are NOT a WCA Corporate Partner, please email your logo and Liability Insurance Certificate to lknope@wichiro.org

### Sponsor Packages

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>COFFEE/TEA SPONSOR - \$300</b> | <input type="checkbox"/> <b>BOX LUNCH SPONSOR</b>           | <input type="checkbox"/> <b>SNACK ITEM SPONSOR - \$250</b> |
| Day/Time Selection _____                                   | Day/Time Selection _____                                    | Day/Time Selection _____                                   |
| <input type="checkbox"/> <b>GIVE-A-WAY SPONSOR - \$75</b>  | <input type="checkbox"/> <b>CUSTOMIZED LANYARDS - \$650</b> | <input type="checkbox"/> <b>WORD PUZZLE - FREE</b>         |
| Day/Time Selection _____                                   | Or donate 500 lanyards                                      |  |

Custom sponsorship packages are available. Contact Leah at lknope@wichiro.org

### Payment

Total Cost \$ \_\_\_\_\_ Charge Amount \$ \_\_\_\_\_  Visa  Mastercard  AmEx  Discover

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card \_\_\_\_\_ Sec. Code \_\_\_\_\_

Billing Address on Card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CANCELLATION POLICY:** Full refund minus \$100 admin fee through August 31, 2020. No refunds after September 1, 2020.

**PLEASE RETURN TO:** Wisconsin Chiropractic Association, Attention: Leah Knope | lknope@wichiro.org | fax 608.256.7123