

EXHIBITOR REGISTRATION FORM

WSHA AUDIOLOGY FALL UPDATE, September 9-10, 2010

Contact Information *(to receive confirmation)*

Contact Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Company Information *(as you would like it to appear in the conference materials)*

Company Name: _____

Company Web Address: _____

Company Phone: _____

Booth Information

Companies To Avoid: _____

Electricity Required: Yes No

We will be happy to donate a door prize for this event.

Sales Representative(s)

Exhibitor registration includes registration for up to 2 staff; please see reverse side to purchase badges for additional staff.

List name(s) as you would like them to appear on name badges:

First

Last

First

Last

Exhibit Fees

- \$300 Exhibit Package
 \$400 Exhibit and Conference Sponsorship Package

Please return registration form and payment to:

WSHA

702 Eisenhower Drive, Suite A · Kimberly, WI 54136

Fax: 920-882-3655 · Email: wsha@wisha.org

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Additional Registration Badges

Each paid exhibit space includes two staff registrations. Exhibitors may purchase additional badges for \$50 each. Please indicate the number of additional badges needed for your booth and provide fees where applicable.

Extra Badges _____ x \$50 = _____ Additional Badge Total

List name(s) for additional staff (as you would like them to appear on name badges):

First _____ Last _____

First _____ Last _____

Sponsor Fees

- \$150 Level I
- \$500 Dinner, Thursday, September 9
- \$500 Continental Breakfast, Friday, September 10
- \$300 Morning Break, Friday, September 10
- \$300 Afternoon Break, Friday, September 10
- \$600 Lunch, Friday, September 10

Golf Registration

- \$150 Includes 18 holes of golf and cart.
 - Please assign me to a foursome
 - I am already part of a foursome. (Separate registration form must be received from each player.)

Individuals in foursome:

1. _____
2. _____
3. _____
4. _____

- Yes, I wish to make a prize donation for the golf outing. Prize: _____

Method of Payment

Payments must be accompanied by a registration form in order to be processed. WSHA's Tax ID number is 20-3149613. Please add \$25 if after September 14.

TOTAL ENCLOSED: \$ _____

- Check (payable to WSHA) Check # _____

- VISA MasterCard Discover

Card Number: _____ Expiration Date: ____/____ Security Code: ____

Address on Billing Statement: _____

Name on Card: _____

Signature: _____

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