



VENDOR REGISTRATION

2017 WCA Fall Convention

September 14-17, 2017 • Kalahari Resort • Wisconsin Dells
www.wichiro.org • 608.256.7023 • btoler@wichiro.org

Company Name _____
 Address _____
 City/ST/Zip _____ Phone _____
 Primary Contact _____ Fax _____
 Email _____ Website _____
 Products / Services _____

Event Staff (as they should appear on nametags):

1) _____ 3) _____
 2) _____ 4) _____

Booth Selection

Space includes: skirted table, 2 chairs, 7"x44" exhibitor sign, welcome sign recognition, perimeter has drapes, inner locations have side drape separation, name badges, electricity (if necessary) and complimentary WIFI access.

Location Preferences (Top 3): 1 _____ 2 _____ 3 _____
Every effort will be made to accomodate exhibitor preference

Electricity Required: Yes _____ No _____
Deadline to add electricity is September 1, 2017

- Corporate Partner** No Charge (additional booths \$500)
- Non-Corporate Partner** \$800 per booth

Add'l Booths _____ x \$500 = \$ _____
 # Booths _____ x \$800 = \$ _____
 Booth Subtotal \$ _____

Sponsorship Packages

Custom sponsorships are available. Contact Brenda at 608.256.7023 or btoler@wichiro.org to discuss!

- Nametag Lanyard Sponsor**
Visibility on every attendee
\$750 investment
- Attendee Packet Insert**
Materials due to WCA by 8-14-17
\$275 per item
- AM / PM Break Sponsor**
Company name and logo displayed
\$250 per break

Sponsorship Subtotal \$ _____
 Booth Subtotal \$ _____ + Sponsorship Subtotal \$ _____ = **Total Charges \$** _____

Payment

Charge Amount \$ _____ Visa Mastercard Check Payable to WCA
 Credit Card # _____ Expiration _____
 Name on Card _____ Sec. Code _____
 Signature _____ Date _____

CANCELLATION POLICY: Full refund until: August 11, 2017 • Full refund minus \$100: August 14 to August 25, 2017
50% Refund: August 28 to September 1, 2017 • No refund after September 4, 2017

Return To

Wisconsin Chiropractic Association, Attention: Brenda Toler
521 East Washington Avenue, Madison, Wisconsin 53703
p 608.256.7023 | f 608.256.7123 | e btoler@wichiro.org



OFFICE USE ONLY

Date Received _____ Total Price _____
 Booth(s) Assigned _____ Amount Paid _____
 Corporate Partner YES NO Balance _____
 Sponsorship _____ CC Auth _____
 Check # _____