



Exhibitor Registration Form

2025 WALA Annual Conference at the Kalahari Resort in Wisconsin Dells, February 26-28, 2025

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

Exhibitor Registration

YES, I want to be an **EXHIBITOR** at the WALA Annual Conference Thursday, February 27, 2025 at the Kalahari Resort & Convention Center with over four hours of direct contact with attendees.

INCLUDED w/
BOOTH

Name (if different from above) _____
 Title _____
 E-mail _____

ADD. @ \$150

Name (if different from above) _____
 Title _____
 E-mail _____

Location, Location, Location!

1st choice booth #: _____

2nd choice booth #: _____

3rd choice booth #: _____

*WALA cannot guarantee booth availability.
 Booths are assigned on a first – come first – serve basis.*

Exhibit Space Reservation

- Standard Booth..... **\$1,100 member** / \$1,500 non-member
- Prime Booth..... **\$1,500 member** / \$1,900 non-member
- Lounge Area..... **\$2,200 member only** *limited availability*

(Lounge area includes hallway banner for placement in lounge + 3 additional booth staff)

Number of exhibit spaces (each includes one staff person) Booth Space: _____ = _____

Wednesday, February 26th Opening Evening Reception *included!* x \$0 = *included*

Number of additional booth staff (names may be added later) x \$150 = _____

Add my logo to my company description in the advanced agenda x \$125 = _____

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, 5325 Wall St Suite 2305 Madison, WI 53718 OR email info@ewala.org

WALA Cancellation Policy:

Staff substitutions encouraged. Exhibitors canceling in writing before February 3, 2025 will receive a full refund, minus \$100 handling fee.
 No refunds after February 3, 2025