

Exhibitor Registration Form

2027 WALA Annual Conference at the Kalahari Resort in Wisconsin Dells, February 24-26, 2027

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 25, 2027 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 _____

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.

ADD. @ \$150

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

Exhibit Space Reservation

Standard Booth..... \$1,200 member / \$1,700 non-member

Prime Booth..... \$1,600 member / \$2,100 non-member

Lounge Area..... \$2,200 member / \$2,600 non-member

(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 24th 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, 2027 will receive a full refund, minus \$100 handling fee.
 No refunds after February 7, 2027