**Application Deadline**: October 14, 2019

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| **Updated 8/29/2019: REVISED EXHIBIT HOURS** |

**2019 WECA Conference Exhibit Application**

**November 14, 15, and 16, 2019**

The Ingleside Hotel 2810 Golf Rd, Pewaukee, WI 53072

[wisconsinearlychildhood.org/conference](https://wisconsinearlychildhood.org/conference/)

**Please fill out both pages and email form to** [aschuster@wisconsinearlychildhood.org](mailto:aschuster@wisconsinearlychildhood.org)

\*Please also attach a high-quality digital logo to be used in promotional materials

Form can also be mailed to Wisconsin Early Childhood Association ATTN: Amy Schuster

2908 Marketplace Drive, #101 Fitchburg, WI 53719 or faxed to 877-895-5477

Questions? Please contact Amy Schuster at [aschuster@wisconsinearlychildhood.org](mailto:aschuster@wisconsinearlychildhood.org) or 608-729-1039

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| **Exhibitor Information** | | | | | | | | |
| Organization/Business | | | | | | | | |
| Contact Name | | | | | | | | |
| Address | | | | | | | | |
| City | | | State | | | | Zip | |
| Email | | | Phone | | | | | |
| Website | | | | | | | | |
| Describe your product/service | | | | | | | | |
| Primary Exhibitor Name | | | | | | | | |
| Email | | | | | | | | |
| Cell Phone | | | | | | | | |
| Secondary Exhibitor Name | | | | | | | | |
| Email | | | | | | | | |
| Cell Phone | | | | | | | | |
| **Door Prize – New this year! See the letter to exhibitors for more information** | | | | | | | | |
| Please describe the door prize you will be providing. | | | | | | | | |
| Approximate value: | | | | | | | | |
| 🞎Sorry, we are unable to give a door prize. | | | | | | | | |
| **Exhibit type** | | | | | | | | |
| 🞎 Corner Booth **$350** | | | Quantity | |  | Total | | $ |
| 🞎 Inline / Aisle Booth **$300** | | | Quantity | |  | Total | | $ |
| 🞎 Vendor Table $**150** | | | Quantity | |  | Total | | $ |
| 🞎 Nonprofit Table **$65** | | | Quantity | |  | Total | | $ |
| 🞎 Electricity Needed **$50** | | | Quantity | |  | Total | | $ |
| Lunch for exhibit staff #1 | 🞎 Friday **$10** | | 🞎 Saturday **$10** | | | Total | | $ |
| Lunch for exhibit staff #2 | 🞎 Friday **$10** | | 🞎 Saturday **$10** | | | Total | | $ |
| **Grand Total** | | | | | | | | $ |
| **Payment (Choose one of the following 3 ways to complete payment)** | | | | | | | | |
| 🞎 My check is enclosed (*Check or Money Order payable to WECA)* CHECK NUMBER: | | | | | | | | |
| OR | | | | | | | | |
| 🞎 Please charge my 🞎 Visa 🞎 MasterCard | | | | | | | | |
| Card number | | | | Expiration date | | | | |
| Name that appears on card | | | | | | | | |
| Billing address for card (including address, city, state, zip) | | | | | | | | |
| Who should we call if there is an issue with the card? | | | | | | | | |
| Phone number | | Best time to call? | | | | | | |
| OR | | | | | | | | |
| 🞎 Please call me so I can provide credit card information over the phone. | | | | | | | | |
| Name | | | | | | | | |
| Phone Number | | Best time to call? | | | | | | |
|  | | | | | | | | |
| In submitting this exhibit application, you agree to the following:   * Each exhibitor must purchase enough space to contain the entire exhibit without encroaching on aisle space or other available space. * Space will be assigned on a first-come, first-served basis and is subject to the rights reserved by WECA, at its sole discretion, to select and assign space as well as rearrange and reassign exhibitors. * Booths must be staffed for all hours that the exhibit hall is open. * To ensure booth or table space, full payment is required. * Exhibitor will forfeit any space not occupied 2 hours before exhibit hall opens. The space may be resold or reassigned by WECA without refund. * Fees are not refundable after November 1. * WECA is not responsible for any items or products that are left unattended. * WECA will not set up any materials that you ship or drop off; nor pack and ship items once the conference is complete. | | | | | | | | |