

Exhibitor Registration

**ANNUAL FALL SALES CONFERENCE
SEPTEMBER 15-17, 2010
OSTHOFF RESORT, ELKHART LAKE**

Registration ends Friday, August 13, 2010

Space is limited. This is not an individual conference registration; this is for exhibitor representatives only.

Company _____

WAHU / NAHU Member? Yes No

NAHU members \$750	# of booths ____	\$
Non-members \$1000	# of booths ____	\$

WAHU corporate sponsor rates

Platinum	Complimentary
Gold	Complimentary
Silver (50% off)	\$ 375.00
Bronze (25% off)	\$ 562.00

EXHIBITOR PACKAGE INCLUDES

- TWO registrations
- Wednesday reception
- Thursday breakfast, 1 credit of CE, lunch, reception
- One 8 x 8 booth with pipe and drape
- 8 table with linen & skirting
- 2 chairs – hall is carpeted
- One business card size ad

3rd Registration \$175.00 \$ _____

A 40% discount rate from WAHU Individual Registrations fee!

Hard-wire Internet access per booth
\$100 per day \$ _____

Electricity (2 days) \$70.00 \$ _____

Wireless Internet complimentary
(company on own sign on set-up through computer)

For others in your organization interested in attending the conference, Individual Registration forms will be available by mail and online registration at the WAHU website, www.ewahu.org, no later than mid July.

Total Exhibit \$ _____

COMPANY NAME _____ COMPANY CONTACT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

WEBSITE URL _____

EXHIBITOR NAME #1 _____

PHONE _____ FAX _____

E-MAIL _____

Please include exhibitor on all conference information e-mails

Required for CE credits: WI Agent License # _____

EXHIBITOR NAME #2 _____

PHONE _____ FAX _____

E-MAIL _____

Please include exhibitor on all conference information e-mails

Required for CE credits: WI Agent License # _____



**WISCONSIN ASSOCIATION OF
HEALTH UNDERWRITERS**

Activities and Continuing Education

*This is not an individual conference registration;
this is for exhibitor representatives only.*

Exhibitor name #1 _____

Individual golf package

Package includes: Green fees, cart, Member \$75
2 drink tickets, event ticket, and box lunch Non-member \$150

Continuing Education Registration

Course title and speaker to be announced in June 2010

Thursday only

3 credits of CE Member \$30
Includes 1 Free CE Non-member \$40

Thursday & Friday

7 credits of CE Member \$90
 Non-member \$120

Exhibitor name #2 _____

Individual golf package

Package includes: Green fees, cart, Member \$75
2 drink tickets, event ticket, and box lunch Non-member \$150

Continuing Education Registration

Course title and speaker to be announced in June 2010

Thursday only

3 credits of CE Member \$30
 Non-member \$40

Thursday & Friday

7 credits of CE Member \$90
 Non-member \$120

CE & Activity Total \$ _____

Return form to WAHU 4600 American Parkway,
Ste. 208 Madison, WI 53718. Fax (608) 241-7790.
(Keep a copy for your records).
Questions? Contact Megan Purtell, Executive Director,
by phone 608-268-0200 or Email megan@ewahu.org.

Additional Advertising Opportunity

Program Book Advertisement

Additional Business Card Ad	<input type="checkbox"/> \$50.00
Quarter Page Ad	<input type="checkbox"/> \$125.00
Half-Page Ad	<input type="checkbox"/> \$200.00
Full Page Ad	<input type="checkbox"/> \$375.00
Early bird special! Reserve and pay for your full-page ad by June 14, 2010 and add-on a full-page ad for only \$200.	<input type="checkbox"/> \$200

Total Advertisement Cost \$ _____

Enclose a business card with this form or send an electronic version as a .pdf or .eps, include all fonts and graphics with your file.

No MS Word files. Artwork must be black and white and high resolution (minimum 300 DPI). **All artwork and electronic files due no later than Friday, July 16, 2010.**

Please email your short company description (2-3 sentences) to be included in the WAHU program book to megan@ewahu.org, **no later than Friday, July 16, 2010.**

Total Exhibit Cost \$ _____

Total CE & Activity Cost \$ _____

Total Advertisement Cost \$ _____

Total Amount Due \$ _____

Please send an invoice for the total due to:

Company _____ Attn _____

Mail Email Fax _____

Check enclosed (*Please make checks payable to WAHU*)

Credit card information Visa MC

CARD # _____ EXPIRATION DATE _____

CARDHOLDERS NAME _____

SIGNATURE _____

BILLING STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____