



**WEDA Fall Conference - Corporate Sponsor Registration Form**  
**October 3 - 5, 2007**  
**Regency Suites – Green Bay, WI**

**Exhibiting?**

**Yes**, we will be exhibiting

**No**, but we will be attending

**No**, we will not be exhibiting or attending

To be included in the October 2007 WEDA Fall Conference materials, please fax or email this form by September 20., 2007

Contact Name: \_\_\_\_\_ Title \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

*Platinum – 3 Registrations Included; Gold – 2 Registrations Included; Silver – 1 Registration Included; Bronze 50% off Registration Fee*

Exhibitor / Attendee Name (print)	Exhibitor / Attendee Name (print)	Exhibitor / Attendee Name (print)
Phone	Phone	Phone
Email	Email	Email
<b>Attendee plans to attend (check all that apply):</b> Wed. Bus Tour ___ Wed. Reception ___ Thurs. Breakfast ___ Thurs. Lunch ___ Friday Breakfast ___	<b>Attendee plans to attend (check all that apply):</b> Wed. Bus Tour ___ Wed. Reception ___ Thurs. Breakfast ___ Thurs. Lunch ___ Friday Breakfast ___	<b>Attendee plans to attend (check all that apply):</b> Wed. Bus Tour ___ Wed. Reception ___ Thurs. Breakfast ___ Thurs. Lunch ___ Friday Breakfast ___

<b>Exhibit Information</b>		
Will you need electricity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No (Please provide your own power strips & extension cords)

**Bronze Only**  
**Payment Type:**      \_\_\_ Check                      \_\_\_ Visa                      \_\_\_ Master Card

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on the Card \_\_\_\_\_

Please return completed form to the WEDA office.  
 4600 American Parkway, Ste 208 Madison, WI 53718  
 Fax: 608-241-7790 or [weda@weda.org](mailto:weda@weda.org)