

Exhibit Fair Space Reservation Form

Please complete this form to reserve your exhibit table. **Payment must accompany this reservation form.**
Make checks payable to the *Alzheimer's Association State Conference*. VISA & Mastercard accepted.

EXHIBITOR NAME: *(List as you want it to appear on the conference program.)*

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ PHONE: _____

E-MAIL ADDRESS: _____ FAX: _____

We/I wish to reserve:

- Exhibit Booth** - No. of Booths _____ **Display Table** - No. of Tables _____

Booth Fees:

\$ 250/booth - Tax-Paying Organization *(Includes 2 lunch tickets)* \$ _____

\$ 150/booth - Non-Profit Organization *(Includes 2 lunch tickets)* \$ _____

Display Table Fees

\$ 100/table - Tax-Paying Organization \$ _____

\$ 50/table - Non-Profit Organization \$ _____

Conference Luncheon Ticket:

I/We wish to order _____ add'l luncheon tickets at \$10 each \$ _____

TOTAL DUE \$ _____

The Alzheimer's Association Wisconsin Chapter Network shall not be liable for any injury to any exhibitor or loss or damage from any cause to the exhibitor's property or person. The exhibitor agrees to indemnify the above named party against and hold it harmless for an from any claims arising out of negligence of the exhibitor, its agents, volunteers, appointees or employees.

Your Signature: _____

Special Needs? _____

NOTE: Ordering information for electricity and other display needs will be forwarded in your confirmation packet upon receipt of this reservation form.

Door Prizes Welcomed!

Throughout the conference numerous door prizes are awarded at the conference luncheons. This is a great way to promote your products and services! Please consider donating a door prize for these drawings.

- Yes, I/We will donate a door prize for the drawings.
 No, I/We are not interested at this time.

PAYMENT METHOD:

- Check Enclosed
(Make payable to Alzheimer's Association State Conference)
 MasterCard *(Provide information below)*
 VISA *(Provide information below)*

Account # _____
Security # (last 3 digits on signature line): _____
Expiration Date: _____
Signature: _____

Space is limited. Make your reservations early!

Return completed reservation form, along with payment to:

Alzheimer's Association State Conference • P.O. Box 428 • Plover, WI 54467

#715/344-2457 FAX #715/344-2457 E-mail: kathy.davies@alz.org