

2021 Fall Connection Exhibitor Registration

October 22 – October 24
Kalahari Resort
1305 Kalahari Drive, Wisconsin Dells, WI 53965

COMPANY INFORMATION

Company Name: _____
 Address _____
 City, State, Zip _____
 Phone #: _____
 Email: _____
 Contact Name and Title: _____

REPRESENTATIVES

Rep 1: _____
 Friday Lunch / Saturday Lunch

Rep 2: _____
 Friday Lunch / Saturday Lunch

Rep 3: _____
 Friday Lunch / Saturday Lunch

Rep 4: _____
 Friday Lunch / Saturday Lunch

1 booth	<input type="checkbox"/> \$625
2 booths	<input type="checkbox"/> \$1050
Electricity	
1 outlet	<input type="checkbox"/> \$75
2 outlets	<input type="checkbox"/> \$150
Guest pass	
1 pass	<input type="checkbox"/> \$100
2 passes	<input type="checkbox"/> \$200
3 passes	<input type="checkbox"/> \$300
4 passes	<input type="checkbox"/> \$400
Golf Hole Sponsorship	
Table at Hole	<input type="checkbox"/> \$150
Golf with the Doctors	<input type="checkbox"/> \$150
Advertise in Summit Program	
Business Card	<input type="checkbox"/> \$75
Half-page	<input type="checkbox"/> \$150
Full-page	<input type="checkbox"/> \$250
Sponsorships	
Platinum	<input type="checkbox"/> \$10,000
Gold	<input type="checkbox"/> \$5,000
Silver	<input type="checkbox"/> \$2,100
Bronze	<input type="checkbox"/> \$1,200
Total:	

Please note: Pre-registration is required for lunches. No shows will be charged \$25 per missed meal.
**Rep ¾ are only available for a 2 booth purchase. Guest passes available for \$100 ea.*

PAYMENT INFORMATION

Payment Method (please circle): Check / Visa / Mastercard

CC#: _____
 Exp Date: _____
 CVV: _____
 Billing Address (if different than above): _____

We, the undersigned, agree to abide by all regulations and restrictions of this event.

Authorized Signature: _____