

SPONSOR REGISTRATION FORM

2012 WALA Spring Conference at the Kalahari Resort in Wisconsin Dells, March 20-22

Contact Person _____
 Title _____
 Company _____
 Address _____
 City, State, Zip _____
 Email _____
 Phone _____ Fax _____

Sponsorship Opportunities

- | | |
|--|--|
| <i>Print Sponsor</i> SOLD | <input type="checkbox"/> Attendee Email Confirmation.....\$750 |
| <input type="checkbox"/> Tuesday Pre-Event..... \$2,000 | <input type="checkbox"/> Tuesday Pre-Event Bar.....\$750 |
| <i>Wednesday Award Reception</i> SOLD | <i>Wednesday Breakfast</i> SOLD |
| <input type="checkbox"/> Jukebox Sponsor.....\$2,000 | <input type="checkbox"/> Thursday Breakfast.....\$500 |
| <input type="checkbox"/> WALA Pin Sponsor.....\$1,500 + cost | <input type="checkbox"/> Registration Booth.....\$500 |
| <i>Wednesday Keynote Speaker</i> SOLD | <input type="checkbox"/> Attendee Electronic Evaluations.....\$500 |
| <i>Thursday Keynote Speaker</i> SOLD | <i>Lanyard Sponsor</i> SOLD |
| <i>Tote Bag Sponsor</i> SOLD | <i>Notepad Sponsor</i> SOLD |
| <input type="checkbox"/> Wednesday Box Lunch.....\$1,000 | <input type="checkbox"/> Tote Bag Insert.....\$500 + cost |
| <i>Thursday Lunch</i> SOLD | <input type="checkbox"/> AV Sponsor.....\$350 |
| <input type="checkbox"/> Water Station.....\$1,000 | <input type="checkbox"/> Wednesday Break.....\$300 |
| <i>Balloon Arch</i> SOLD | <input type="checkbox"/> Thursday Break.....\$300 |
| <i>Oxygen Sponsor</i> SOLD | <input type="checkbox"/> Attendee Message Center.....\$300 |
| <i>Weather Sponsor</i> SOLD | <input type="checkbox"/> PowerPoint Advertisement.....\$250 |
| | <input type="checkbox"/> Breakout Session.....\$150 |

Sponsorships Total..... = _____
 Add my logo to my company description in the brochure.....\$100 = _____
 Deadline to be listed in the Preliminary Brochure is December 9, 2011 **Total = \$** _____

Thank you for being a supporter of WALA events!

Payment Method:

- | | | | |
|--|---|--|-----------------------|
| <input type="checkbox"/> Check to WALA | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Discover Card | Card Number _____ |
| <input type="checkbox"/> Visa | <input type="checkbox"/> American Express | | Expiration Date _____ |
| | | | Signature _____ |

Please send form & payment to our **NEW ADDRESS:**
 WALA, P.O. Box 7730, Madison, WI 53707-7730 • Fax: (608) 288-0734