

2010 WFCCA CONFERENCE EXHIBITOR REGISTRATION



BUSINESS NAME

BUSINESS ADDRESS

BUSINESS PHONE

MAIN EMAIL

INDIVIDUAL EMAIL

EXHIBITOR NAMES

BRIEF DESCRIPTION OF PRODUCTS OR SERVICES

REGISTRATION FEES

EARLY BIRD TABLE RATE - \$65.00 PER TABLE PER DAY

REGISTRATION WITH PAYMENT MUST BE RECEIVED BY DECEMBER 31, 2009

NUMBER OF TABLES NEEDED _____ x \$65 x _____ DAYS = \$ _____
 Subtotal A1

AFTER DECEMBER 31, 2009 - \$80.00 PER TABLE PER DAY

REGISTRATION WITH PAYMENT MUST BE RECEIVED BY MARCH 30, 2010

NUMBER OF TABLES NEEDED _____ x \$80 x _____ DAYS = \$ _____
 Subtotal A2

BOX LUNCH COST IS \$10.00 PER LUNCH PER DAY

NUMBER OF LUNCHESES NEEDED _____ x \$10 x _____ DAYS = \$ _____
 Subtotal B

ELECTRICITY IS \$50.00 PER BOOTH NO YES + \$50 \$ _____
 Subtotal C

TOTAL REGISTRATION FEES DUE (Subtotals A1 or A2 + B + C) \$ _____

NOTE: We are asking each exhibitor to donate a door prize as well.

PLEASE INDICATE WHICH DAY OR DAYS YOU PLAN TO EXHIBIT FRIDAY SATURDAY

MAKE CHECKS PAYABLE TO WFCCA

Office Use Only				
Registration Received	Check # or CC	Amount \$	Check Date	EB Reg



2010 WFCCA CONFERENCE EXHIBITOR LIABILITY CLAUSE

Throughout the term of this agreement, exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend, and save Wisconsin Family Child Care Association, its conference, and the Kalahari Resort of Wisconsin Dells and their members, employees and agents harmless from and against all claims, costs, losses, and damages to persons and/or property, governmental charges or fines, and attorney's fees arising out of a cause by the exhibitor's installations, removal, maintenance, occupancy, or use of the exhibition premises, or a part thereof, excluding any such liability caused by the sole negligence of Wisconsin Family Child Care Association, its conference, and the Kalahari Resort of Wisconsin Dells and their members, employees and agents.

In addition, the exhibitor acknowledges that Wisconsin Family Child Care Association, its conference, and the Kalahari Resort do not maintain insurance covering the exhibitor's property, and that it is the sole responsibility of the exhibitor to obtain interruption and property insurance covering such losses by the exhibitor.

Please sign below to indicate that you and your agency, business or organization have read and understand the above information in its entirety.

Business Name

Name of Authorized Signer

Please Print

Position or Title of Signer

Authorized Signature

Date
