Official Vendor Registration Form for 2016 WITC Emergency Services Conference

Company Name: ________________________________________________

Contact Person: ________________________________________________

Address: ______________________________________________________ Email: __________________________
______________________________________________________________

Telephone: ___________________________ Cell: ______________________ FAX: __________________________

____ Inside Space .......................................................... $225.00
   * Two Tables........................................... included
   * Two chairs........................................... included
   * One electric outlet ......................... included
   * High speed internet ....................... included
   * Two meal tickets per each day .... included

____ Outside Space ......................................................... $100.00

____ Sponsorship Opportunity ...................... $100.00

Total amount enclosed...................... ______

Names of Vendors Working Booth:

1.) ________________________________________________

2.) ________________________________________________

3.) ________________________________________________

Make checks payable to: WITC Emergency Services Conference 2016

Mail registration form and payment to:
   WITC - Rice Lake
   ATTN: Tricia Smith
   1900 College Drive
   Rice Lake, WI  54868

Cancellation Policy: Notify Tricia Smith, Conference Assistant, at Tricia.Smith@witc.edu prior to February 12, for a refund of fees, less 10% administrative costs. Anything cancelled after February 12 is non-refundable.