



Exhibitor Application – Contract

Assistive Technology Across the Lifespan Conference
March 22-23, 2007

Holiday Inn Convention & Expo Center

(715) 344-0200 or (800) 448-2296

1001 Amber Avenue
Stevens Point, WI 54481

Company Name: _____

Contact Person: _____

Booth Rep(s): (Names) _____

Address: _____

City, State, Zip: _____

Phone/Fax: _____

E-mail: _____

Company Web Site: _____

Exhibitor Space

Postmarked by 11/15/2006

___ One Space (6' x 8')	\$250.00
___ Two Spaces (side by side, 6' x 16')	\$325.00
___ Non-profit organization (per space)	\$100.00
___ Resource Table (non-attended display of print material)	\$50.00

Total Enclosed: _____

Make Checks Payable to: WATI/CESA 6

We would appreciate your donation of one or more items for our door prizes and for sponsorship of the Thursday Social or Friday Continental Breakfast. This information will be used for planning and promotions. Please indicate: Donation(s): _____
Sponsorship Event and amount: _____

The exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of injury or damage to exhibitor displays, equipment and other property brought upon the premises of the Hotel, and shall indemnify and hold harmless the Hotel, agents, servants and employees from any and all such losses, damages and claims.

Signature: _____

Return This Form and Payment by 11/15/06 to:

WATI

Attn: Mary Chapin

Polk Library

800 Algoma Blvd.

Oshkosh, WI 54901

Phone: (800) 991-5576 or (920) 424-2247

Please specify special accommodations/dietary requests by February 1, 2007.