



EXHIBITOR REGISTRATION FORM
WISCONSIN ARBORIST ASSOCIATION
FALL SEMINAR – September 15, 2021
Army Lake Camp & Retreat Center – East Troy, Wisconsin

PLEASE RETURN WITH REMITTANCE NO LATER THAN **September 10, 2021**

CONTRACT FOR EXHIBIT SPACE

Please return copy of contract with your deposit. A copy will be returned to you as confirmation.

***NO EXHIBITS** will be allowed to setup without registration paid in full.

DATE: _____

We wish to contract for exhibit space at \$75.00* **plus cost of additional lunches**, and have enclosed our check for: \$_____

***One lunch is included with your registration.** Additional lunches can be purchased for \$15.00/lunch.
Additional lunches ordered: _____

Name of person(s) attending: 1. _____
2. _____
3. _____

EXHIBITOR INFORMATION

Name _____
Company _____
Address _____
City _____ State _____ Zip code _____
Cell Phone _____ Email _____

Total Amount Enclosed: _____

METHOD OF PAYMENT

___ Check, payable to Wisconsin Arborist Association
___ Credit Card. Please charge my: ___ Visa ___ MasterCard ___ Discover ___ AM Express
Card Number: _____ Exp. Date: _____ Security Code: _____
Name on card: _____ Signature: _____
Billing Address (if different from above): _____

Payment by check: Make checks payable to WAA and mail with form to:

WAA • PO Box 189 • Eagle, WI 53119

Payment by credit card: Please email form to Tina Johnson at admin@waa-isa.org or pay by phone at 262-899-0060.

THANK YOU!

Date Received: _____