



EXHIBITOR REGISTRATION FORM
WISCONSIN ARBORIST ASSOCIATION
SUMMER CONFERENCE – July 19, 2022
Marian University, Stayer Center – Fond du Lac, WI

PLEASE RETURN WITH REMITTANCE NO LATER THAN July 15, 2022

CONTRACT FOR EXHIBIT SPACE

Please return copy of contract with your deposit. Your receipt 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 (please indicate if vegetarian meal is needed): _____

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: _____