

Exhibitor Annual Conference Registration

Wisconsin Society of Pathologists

CONTACT INFORMATION *(to receive confirmation)*

Contact Name: _____

Credentials: _____

Work Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

COMPANY INFORMATION

(as you would like it to appear on conference materials)

Company Name: _____

Company Web Address: _____

Company Phone: _____

SALES REPRESENTATIVES

Exhibitor fee includes registration for up to two staff.

List name(s) as you would like them to appear on badges:

Additional Rep Name: _____

Additional Rep Name: _____

Please indicate any additional needs or special assistance
(dietary or physical): _____

METHOD OF PAYMENT: Total Enclosed: \$ _____

Check # *(Checks payable to WSP)* _____

☐ Visa ☐ Mastercard ☐ Discover ☐ AMEX

Card Number: _____

Exp. Date: _____ Security Code: _____

Address: _____

Name on Card: _____

Signature: _____

Please return completed form and payment to:

Wisconsin Society of Pathologists

563 Carter Court, Suite B, Kimberly, WI 54136

Fax: 920-882-3655 • Email: WSP@badgerbay.co

Wisconsin Society of Pathologists
563 Carter Court, Suite B
Kimberly, WI 54136



WSP 2019 Annual Conference

*The Ingleside Hotel,
Pewaukee, WI*

April 26- 27, 2019

Exhibitor Registration

EXHIBITING: \$500

Exhibit space includes:

- 8' skirted table with two chairs.
- Non-competitive exhibitor viewing times.
- Roster of attendees distributed at the time of the meeting.
- Complimentary meals and refreshments during exhibit hours.
- Inclusion in the exhibitor listing on the WSP website.

ADDITIONAL FEES

Additional 8' table: \$150

Electricity: \$55

EXHIBIT HALL HOURS *(subject to change)*

Saturday, April 26

6:00-7:00 p.m. - Welcome Reception

Saturday, April 27

7:30 - 8:45 a.m.

10:00 - 10:15 a.m.

12:15 p.m. - 1:30 p.m.

EXHIBIT SET UP

Friday, April 26, 5:00 - 6:00 p.m.

Saturday, April 27, 6:30 - 7:30 a.m.

Shipping and loading information upon exhibitor registration

SPECIAL NEEDS

If your exhibit requires special needs such as additional equipment, set up assistance, phone lines, furniture or audio-visual equipment, please contact the WSP office. These arrangements are at the exhibitor's expense.

SPECIAL ASSISTANCE

The WSP staff will be glad to help you with any special needs (i.e., physical, dietary). Please complete this section on the registration form.

LODGING INFORMATION

The Ingleside Hotel

2810 Golf Road

Waukesha, WI 53186

Room Rate: \$169 for Ingleside Premier

(subject to the prevailing city and state taxes)



To make a reservation, please call the The Ingleside Hotel at 800-247-6640. Request the Wisconsin Society of Pathologists room block.

The reservation deadline is March 27, 2019.

QUESTIONS?

If you have any questions regarding the WSP Conference, please contact the WSP office at 920-560-5634 or email WSP@badgerbay.co.

REGISTRATION INFORMATION

Register Today!

Register by April 12, 2019 to ensure that your company will be recognized in printed materials. Registrations received after April 13 are not guaranteed to be included in printed materials.

CANCELLATION POLICY

Cancellations received on or before April 5, 2019 will be subject to a \$50 cancellation fee. No refunds will be given after April 12. Cancellations must be received in writing at WSP, 563 Carter Court, Suite B, Kimberly, WI 54136; Fax 920-882-3655; Email WSP@badgerbay.co.

Register Today to Join WSP at The Ingleside Hotel for the Annual Conference!

Registration on the back page or register online:
<http://wispath.com/events>

