

APPLICATION AND CONTRACT FOR 2022 EXHIBIT SPACE & SPONSORSHIP

Wisconsin Solo & Small Firm Conference Booth Space		Amount
Platinum Level	<input type="checkbox"/> \$3,695	
Gold Level	<input type="checkbox"/> \$1,895	
Gold Level - Virtual Event Sponsorship	<input type="checkbox"/> \$200	
Silver Level	<input type="checkbox"/> \$1,425	
Silver Level - Virtual Event Sponsorship	<input type="checkbox"/> \$200	
SUBTOTAL		\$

Special Event Sponsorships for Additional Exposure		
Thursday/Friday Continental Breakfasts	<input type="checkbox"/> \$1,000	
Thursday Morning Refreshment Break	<input type="checkbox"/> \$750	
Thursday Afternoon Refreshment Break	<input type="checkbox"/> \$750	
Friday Morning Refreshment Break	<input type="checkbox"/> \$750	
Thursday Exhibit Hall Lunch	<input type="checkbox"/> \$1,250	
Thursday Attendee Reception	<input type="checkbox"/> \$1,250	
Friday Networking Luncheon	<input type="checkbox"/> \$1,250	
Friday Hospitality Suite	<input type="checkbox"/> \$1,250	
Program Track	<input type="checkbox"/> \$550	
Patron	<input type="checkbox"/> \$400	
TOTAL		\$

Note: Exhibiting and non-exhibiting companies are invited to sponsor special events.

Exhibitor/Sponsor/Patron Name _____
(As you wish it to appear in the on-site program and signage)

Contact _____ Title _____

Street Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____ Website _____

IMPORTANT: Visit www.wisbar.org/expos for schedules and deadlines. Also log on to request name badges, Friday luncheon tickets (2 max.), and electricity, as well as submit a company profile for the onsite program.

Cancellations Cancellations on booth space must be made in writing. If notified six weeks prior to the event, the State Bar will refund 50% of paid booth fees. Cancellations within six weeks of the event obligates exhibitor for payment of the full rental amount and no refund will be made. Sponsorship fees are nonrefundable.

Submit this form to:
 State Bar of Wisconsin
 Attn: Crystal Brabender
 P.O. Box 7158
 Madison, WI 53707-7158
cbrabender@wisbar.org
 Fax: (608) 250-6020

Payment

Check enclosed *(Payable to the State Bar of Wisconsin)*

VISA MasterCard AMEX Discover Card#: _____ Exp. date _____

Name on Card _____

AGREEMENT We agree to all terms, regulations, and conditions set forth in the exhibitor guidelines and elsewhere in this contract, and application is hereby made for exhibit space and/or event sponsorship.

Authorized Signature _____

Title _____ Date _____

NOTICE TO ALL REGISTRANTS, INSTRUCTORS, EXHIBITORS, AND GUESTS: By attending this State Bar event, you understand and agree that you may be photographed and/or electronically recorded during the event and you hereby grant to the State Bar the right to use and distribute your name and likeness for promotional or educational purposes without monetary compensation. The State Bar assumes no liability for such use.