



**Wisconsin State Fire Chiefs Association
Exhibit Reservation Form – 81st Annual Conference**

**Kalahari Waterpark Resort & Convention Center
Wisconsin Dells, Wisconsin
June 26-27, 2009**

Company Name: _____

Product Line: _____

Contact Person: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Note: It is important that you provide your email address if you have one. Most vendor updates will be communicated by email. If you do not have an email address, please indicate that on the Email line.

The name of your company as you would like it to appear on the signage:

Vendor's Name (for name badges): To expedite vendor check-in, additional names must be provided by **June 1, 2009**.

Payment Information:

First booth/vehicle space 1 x \$525 \$525

Please indicate if this is a (circle one): Booth or Vehicle

Number of additional booths/vehicles spaces _____ spaces x \$400 per space + \$ _____

How many are booths? _____

How many are vehicle spaces? _____ (Vehicle sizes(s)): _____

SUBTOTAL \$ _____

Associate Members: Subtract \$100 per booth _____ booths x \$100 per booth - \$ _____

Note: Associate Membership will be verified prior to the conference.

TOTAL \$ _____

Comments: _____

Associate Members of the WSFCA will be given priority when booth assignments are issued. Membership information and an application are available by visiting our website at www.wsfca.com.

PLEASE MAIL TO:

Wisconsin State Fire Chiefs' Association
6737 W. Washington St., Suite 1300
Milwaukee, WI 53214

Questions? (800) 375-5886 or
lang@svinicki.com

Or pay by credit card (VISA/MasterCard only):

Card Number: _____

Expiration Date: _____

Signature: _____

Make a copy for your records.