

**EXHIBIT  
REGISTRATION**

SEPT. 14-15, 2006  
Country Springs - Waukesha



Company Name: \_\_\_\_\_

Lead Exhibitor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Names of additional exhibit staff: \_\_\_\_\_

Contact Person (if different than above): \_\_\_\_\_

Address for contact person: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

***Please reserve the following:***

**BASIC Exhibit Package:** @ \$225 standard rate \$ \_\_\_\_\_

Basic Exhibit Package includes a 10 x 8 ft space with 6 ft skirted table and your company listing/contact information in conference program.

**ENHANCED Exhibit Package:** @ \$375 standard rate \$ \_\_\_\_\_

Enhanced Exhibit Package includes a 10 x 8 ft space with 6 ft skirted table; full conference registration for one person which includes all functions and meals for September 14 - 15, 2006; your company listing/contact information in conference program; contact information for conference attendees; link to your website from conference website; option to include your one page advertising stuffer in conference packets.

I plan to send 350 copies of our packet stuffer by September 1, 2006:    yes    no

**Options:**

Conference meals for exhibit staff @ \$60 per person

Electricity is needed for exhibit:    yes    no

TOTAL ENCLOSED: \$ \_\_\_\_\_

**Please register by September 1, 2006**

Make check payable to: RFW, Inc.

Send with this form to: RFW, Inc., 1302 Mendota St., Madison, WI 53714-1024 or fax this form with credit card information to: 608/244-9097.

**Questions? Contact:**

Rebecca Hamilton

Phone: 608-244-5310, Fax: 608-244-9097

Email: rhamilton@rfw.org

Enclosed is:  check  money order or charge to:  MC  VISA

Name on Credit Card: \_\_\_\_\_

Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**ADVERTISOR  
and SPONSOR  
REGISTRATION**

Sept. 14-15, 2006  
Country Springs, Waukesha



**It's a Wonderful Life!**  
*Aging with Developmental Disabilities*

Company Name: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person (if different than above): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Please reserve the following:*

**Conference Program Ads:**

(registered exhibitors receive discount) - **Deadline for copy is October 1, 2004**

- full page 7.5" wide by 10" high Inside Front Cover @ \$150 - registered exhibitors @ \$120\$ \_\_\_\_\_
- full page 7.5" wide by 10" high Back Cover @ \$150 - registered exhibitors @ \$120 \$ \_\_\_\_\_
- full page 7.5" wide by 10" high Inside Back Cover @ \$150 - registered exhibitors @ \$120\$ \_\_\_\_\_
- full page 7.5" wide by 10" high Inside @ \$125 - registered exhibitors @ \$100 \$ \_\_\_\_\_
- half page 7.5" wide by 4.75" high Inside @ \$75 - registered exhibitors @ \$60 \$ \_\_\_\_\_
- half page 3.5" wide by 10" high Inside @ \$75 - registered exhibitors @ \$60 \$ \_\_\_\_\_
- quarter page 3.5" wide by 4.75" high Inside @ \$50 - registered exhibitors @ \$40 \$ \_\_\_\_\_
- business card 3.5" wide by 2" high Inside @ \$30 - registered exhibitors @ \$25 \$ \_\_\_\_\_

**Conference Packet Stuffers:**

Please provide 350 copies to us **by September 1, 2006**

\_\_\_\_\_ Page(s) @ \$100 per page to place in participant packets \$ \_\_\_\_\_

**Conference Sponsorship Levels:**

- \$5,000+ \$ \_\_\_\_\_
- \$2,500 \$ \_\_\_\_\_
- \$1,000 \$ \_\_\_\_\_
- \$500 \$ \_\_\_\_\_
- \$250 \$ \_\_\_\_\_

- Apply sponsorship to:**  Conference Tote Bags (\$750)  Speaker Costs  
 Thursday Brunch  Thursday Break  Thursday Exhibitor Reception  Grand Prize  
 Friday Continental Breakfast  Friday Break  Friday Lunch  Call me to discuss options

TOTAL ENCLOSED: \$ \_\_\_\_\_

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Questions? Contact: **Rebecca Hamilton**  
 Phone: 608-244-5310, Fax: 608-244-9097  
 Email: rhamilton@rfw.org

Enclosed is:  check  money order or charge to:  MC  VISA  
 Name on Credit Card: \_\_\_\_\_  
 Number: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_