

ART EXHIBIT REGISTRATION
2005 Wisconsin Rehabilitation & Transition Conference
Exhibit Date: Wednesday, April 13, 2005



Name of Artist(s): _____

Name of Organization Artist(s) Represents (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Names of additional exhibit staff: _____

Main Contact Person (if different than artist): _____

Address for contact person: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

EXHIBIT DAY FOR ARTISTS: WEDNESDAY, APRIL 13

_____ Please reserved a 10 x 8 ft space with 6 ft skirted table \$ No Charge

Exhibit Hours: 9:30 a.m. to 6:00 p.m.

Set up any time after 8:00 p.m. on Tuesday, April 12

(Must be set up before 8:30 a.m. on Wednesday, April 13. Must be dismantled before 7:30 p.m. on April 13)

Electricity is needed for exhibit: ____yes ____no

_____ Conference meals @ \$35 per person--Continental breakfast, lunch, break, and exhibition reception

(Please note: Although there is no charge for Exhibit Space, You MUST pay for meals for all exhibit staff)

TOTAL ENCLOSED: \$ _____

Registrations MUST be received by Friday, March 25, 2005 and will be accepted in the order they are received.

Make check payable to: RFW, Inc. Send with this form to:

RFW, Inc., 1302 Mendota St., Suite 200, Madison, WI 53714 or fax this form with credit card information to: 608/244-9097.

Questions? Contact: Julie Jensen

Rehabilitation For Wisconsin, Inc.

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

E-mail: jjensen@rfw.org

Enclosed is: check money order or charge to:

MC VISA

Name on Credit Card: _____

Number:

Exp. Date: ____ / ____

Signature: _____