

ADVERTISER/SPONSOR REGISTRATION

2008 Wisconsin Rehabilitation & Transition Conference

Conference Dates: April 9 - 11, 2008

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Contact Person (if different than above): _____

Phone: _____ Fax: _____ Email: _____

Please reserve the following for our organization:

CONFERENCE PROGRAM ADS:

(registered exhibitors receive discount) - Deadline for copy is March 15, 2008

_____ full page 7.5" wide by 10" high Inside Front Cover @ \$250 - registered exhibitors \$200 \$ _____

_____ full page 7.5" wide by 10" high Back Cover @ \$250 - registered exhibitors @ \$200 \$ _____

_____ full page 7.5" wide by 10" high Inside Back Cover @ \$250 - registered exhibitors @ \$200 \$ _____

_____ full page 7.5" wide by 10" high Inside @ \$200 - registered exhibitors @ \$160 \$ _____

_____ half page 7.5" wide by 4.75" high Inside @ \$125 - registered exhibitors @ \$100 \$ _____

_____ half page 3.5" wide by 10" high Inside @ \$125 - registered exhibitors @ \$100 \$ _____

_____ quarter page 3.5" wide by 4.75" high Inside @ \$75 - registered exhibitors @ \$60 \$ _____

_____ business card 3.5" wide by 2" high Inside @ \$40 - registered exhibitors @ \$32 \$ _____

CONFERENCE PACKET STUFFERS: Please provide 650 copies to us by March 15, 2008

_____ Page(s) @ \$150 per single page stuffer to go in participant packets \$ _____

CONFERENCE SPONSORSHIP LEVELS:

_____ Conference Sponsor \$6,000 + \$ _____

_____ Keynote Sponsor \$4,500 \$ _____

_____ Evening Event Sponsor \$3000 \$ _____

_____ Track Sponsor \$2500 \$ _____

_____ Refreshment Break Sponsor \$1000 \$ _____

_____ Breakout Session/Speaker Sponsor \$500 \$ _____

TOTAL ENCLOSED: \$ _____

Payment: Please register by March 15, 2008

Make check payable to: RFW, Inc. Send 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:

Rebecca Hildebrandt
Rehabilitation For Wisconsin, Inc.
Phone: 608-244-5310, Fax: 608-244-9097
Email: rhildebrandt@rfw.org

Enclosed is: ____ check ____ money order or charge to:

____ MC ____ VISA

Name on Credit Card: _____

Number: _____

Exp. Date: ____ / ____

Signature: _____

EXHIBIT REGISTRATION

2008 Wisconsin Rehabilitation & Transition Conference

Conference Dates: April 9 - 11, 2008

Company Name: _____

Lead Exhibitor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Names of additional exhibit staff: _____

(Please note: Each additional exhibit staff must pay a fee of \$50 to cover the cost of food and beverage)

Contact Person (if different than above): _____ Phone: _____ Email: _____

BASIC EXHIBIT PACKAGE:

Purchase of BASIC exhibit package includes: Meals for exhibit date(s) and free listing in the conference program.

_____ For-Profit 1 Day - 10 x 8 ft space w/6 ft skirted table @ \$450 rate \$ _____

_____ For-Profit 2 Day - 10 x 8 ft space w/6 ft skirted table @ \$800 rate \$ _____

_____ Non-Profit/Government 1 Day - 10 x 8 ft space w/6 ft skirted table @ \$250 rate \$ _____

_____ Non-Profit/Government 2 Day - 10 x 8 ft space w/6 ft skirted table @ \$400 rate \$ _____

Select exhibit day: (1-day exhibitors): _____ Wednesday _____ Thursday

ENHANCED EXHIBIT PACKAGE:

Purchase of ENHANCED exhibit package includes: Full conference registration for one person which includes all functions and meals for exhibit date(s); free listing in conference program; contact information for conference attendees; link to your website from conference website; opportunity to include your one page advertising stuffer in conference packets.

_____ For-Profit 1 Day - 10 x 8 ft space with 6 ft skirted table @ \$750 rate \$ _____

_____ For-Profit 2 Day - 10 x 8 ft space with 6 ft skirted table @ \$1200 rate \$ _____

_____ Non-Profit/Government Agency 1 Day - 10 x 8 ft space with 6 ft skirted table @ \$400 rate \$ _____

_____ Non-Profit/Government Agency 2 Day - 10 x 8 ft space with 6 ft skirted table @ \$700 rate \$ _____

Select exhibit day: (1-day exhibitors): _____ Wednesday _____ Thursday

_____ I plan to send 650 copies of our packet stuffer by March 15: _____yes _____no

OPTIONS:

_____ Conference meals for additional exhibit staff @ \$50 per person 1 day; \$100 per person for 2 day. \$ _____

electricity is needed for exhibit: _____yes _____no

TOTAL ENCLOSED: \$ _____

Payment: Please register by March 15, 2008

Make check payable to: RFW, Inc. Send 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:

Rebecca Hildebrandt
Rehabilitation For Wisconsin, Inc.
Phone: 608-244-5310, Fax: 608-244-9097
Email: rhildebrandt@rfw.org

Enclosed is: _____ check _____ money order or charge to:

_____ MC _____ VISA

Name on Credit Card: _____

Number: _____

Exp. Date: _____ / _____

Signature: _____