

# 2024 WLWCA/WOWRA Joint Winter Conference

February 1-2, 2024

Wilderness Resort • Wisconsin Dells, WI



## EXHIBITOR/SPONSOR REGISTRATION FORM

Visit [wlwca.com](http://wlwca.com) or [wowra.com](http://wowra.com) for more information!

### EXHIBITOR REGISTRATION FEES and INFORMATION

**Set-up and Show Times**      **Set-up:** February 1<sup>st</sup> from 12pm to 5pm / **Tear down:** February 2<sup>nd</sup> at 2pm\*  
**Show hours:** February 1<sup>st</sup> from 5pm to 8pm / February 2<sup>nd</sup> from 7am to 2pm.  
**\*Note: To create more traffic and time to visit your booth, the exhibits will begin the same room as the meal functions. No tear down until after lunch on Friday, February 2<sup>nd</sup>.**

	Member	Non-Member	
Single	\$625	\$700	Includes: 6'x10' exhibit space, 6' skirted table, two chairs, identification sign; Badges for up to TWO (2) company representatives.
Double	\$875	\$1000	Includes: 6'x20' exhibit sooth, two 6' skirted tables, four chairs, identification sign; Badges for up to THREE (3) company representatives.
Meals Only	\$50	\$50	Wednesday reception and Thursday breakfast and lunch for <b>additional</b> company representatives above those included in your exhibit registration.

**CANCELLATION FEE: A \$150 cancellation fee will be charged for booth registrations cancelled after December 31, 2023.**

### EVENT SPONSORSHIP FEES and INFORMATION

All sponsorship packages include: your company logo on signage throughout the event, company logo on signage at your sponsored function, verbal recognition during the conference, company logo on event webpages, sponsor ribbon for all company representatives.

	Member	Non-Member		Member	Non-Member
Refreshment Break	\$500	\$550	Lunch	\$850	\$950
Partial Refreshment Break	\$275	\$325	Reception	\$1,500	\$1,600
Breakfast	\$500	\$550	Partial Reception	\$800	\$900

Would you like to sponsor something not listed? Contact Jeff at 888-782-6815 x 1 to discuss the opportunity!

### HOTEL INFORMATION



*We would like to offer a special rate for your event:*

Room Type:	Date(s) Available:	Nightly Rate(s)
<a href="#">Double Queen Sofa</a>	Jan. 31 <sup>st</sup> Feb. 1 <sup>st</sup> & 2 <sup>nd</sup> , 2024	\$109.00

Information on filing tax exemption paperwork can be found [HERE](#).

Call 1.800.867.9453 to make your reservation and mention your **GROUP CODE: 961090**

**The cut-off date to book your room is: January 1, 2024.**

\*\* Rates are not guaranteed for reservations past the above cut-off date or in the event that the block of rooms is filled.

See our website for complete description of accommodations:

[WildernessResort.com](http://WildernessResort.com). All guest rooms are subject to

a 12.25% room tax **unless proper tax exempt documentation is supplied and approved prior to check-in** & a \$29.95 nightly Resort Fee.

- One nights deposit is due at the time of reservation for each room.
- Check in is at 4:00 pm - Check out at 11:00 am.
- Credit Card Verification & Photo ID required at check-in.
- All of our rooms are non-smoking.
- The Resort has a no pet policy.
- Room rates are quoted for up to 4 people in a room; each additional person beyond 4 will result in a charge up to \$40 per person/per night.
- A Security Deposit is required for all Cabin Rentals.
- There is limited housekeeping service on all Villa, Condo, Cabin and Retreat Rentals.
- Every effort has been made to book your rooms as close together as possible. The location of rooms blocked will be effected by the room style(s) requested and availability. A sleeping room block does not guarantee the sleeping rooms will be next door to each other. The Wilderness Resort reserves the right to make room changes prior to your arrival date, as needed.
- Reservations canceled 72-hours prior to the arrival date will be charged a \$30 fee. Cancellations within 72 hours pay for the entire room rate. Condos, Cabins & Villas are subject to a 14 day cancellation policy with a \$30 cancellation fee.
- Any coupons, discounts, special rates, packages, or any other individual offers will not apply. Group rates may not be altered after original booking, regardless of hotel specials.

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PO Box 833 | Germantown, WI 53022 • Phone: 888-782-6815 • [info@wlwca.com](mailto:info@wlwca.com) or [info@wowra.com](mailto:info@wowra.com)

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## EXHIBITOR REGISTRATION FORM

### EXHIBITOR CONTACT INFORMATION

Association Affiliation:  WLWCA  WOWRA  Both

Contact Name: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### COMPANY REPRESENTATIVES (add an additional page if needed)

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Included with Single and Double Booth Included with Single and Double Booth

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Included with Double Booth / Additional Fee for Single Booth Additional Fee for Single and Double Booth

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Additional Fee for Single and Double Booth Additional Fee for Single and Double Booth

### BOOTH AND SPONSORSHIP REGISTRATION (see the layout at [wlwca.com](http://wlwca.com) or [wowra.com](http://wowra.com))

	Member	Non-Member		Member	Non-Member
<input type="checkbox"/> Refreshment Break	\$500	\$550	<input type="checkbox"/> Single Booth	\$625	\$700
<input type="checkbox"/> Partial Refreshment Break	\$275	\$325	<input type="checkbox"/> Double Booth	\$875	\$1,000
<input type="checkbox"/> Breakfast	\$500	\$550	<input type="checkbox"/> I need electricity		
<input type="checkbox"/> Lunch	\$850	\$950	<input type="checkbox"/> I will bring equipment for outside display		
<input type="checkbox"/> Reception	\$1,500	\$1,600	<input type="checkbox"/> _____ (qty.) additional meals @ \$50 each		
<input type="checkbox"/> Partial Reception	\$800	\$900	Booth Preference (please select 3)		
<input type="checkbox"/> General	Other Amount \$ _____				

### Payment Method (check one)

Mastercard  Visa  Amex  Discover

Check - Submit with check payable to WLWCA or WOWRA to  
 PO Box 833 | Germantown, WI 53022

Name (as it appears on card) \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

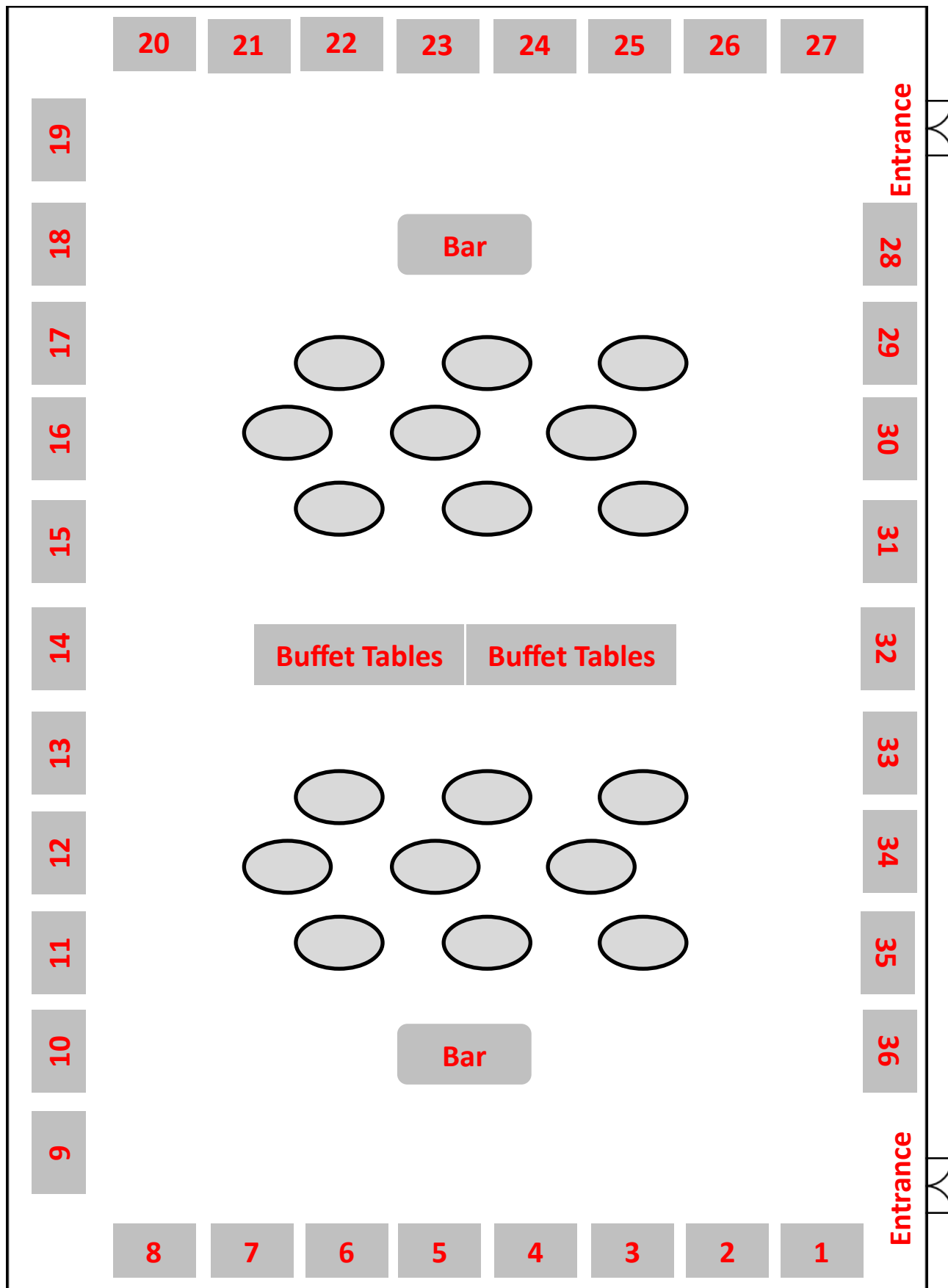
**TOTAL AMOUNT DUE \$ \_\_\_\_\_**

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## Exhibit Hall Floor Plan



Layout subject to change