

EXHIBITOR REGISTRATION FORM
WAPA SPRING CONFERENCE, APRIL 14-16, 2010

Exhibit Fee

\$750 Exhibitor Registration Fee

Additional Registration Badges

Each paid exhibit space includes two staff registrations. Exhibitors may purchase additional badges for \$70 each. Please indicate the number of additional badges needed for your booth and provide fees where applicable. The cost for additional badges covers expenses for additional staff's participation in conference meals and breaks.

Extra Badges _____ x \$70= _____ Additional Badge Total

List name(s) for additional staff *(as you would like them to appear on name badges):*

Method of Payment

Payments must be accompanied by a registration form in order to be processed. WAPA's Tax ID number is 39-1281325. Please add \$25 if after March 14.

TOTAL ENCLOSED: \$ _____

Check (payable to WAPA) Check # _____

VISA MasterCard Discover

Card Number: _____

Expiration Date: _____ / _____ Security Code: _____

Address on Billing Statement: _____

Name on Card: _____

Signature: _____

Please return registration form and payment to:
Wisconsin Academy of Physician Assistants
702 Eisenhower Drive, Suite A · Kimberly, WI 54136
Fax: 920-882-3655 · Email: wapa@wapa.org