



EXHIBITOR INFORMATION

2010 CHILDREN COME FIRST CONFERENCE
November 8 & 9, 2010
Kalahari Resort in the Wisconsin Dells, WI

GENERAL INFORMATION

- **SET UP:** is Monday, November 8th beginning at 7:00 AM. Booths should be set up by 8:00 AM on Monday, November 8th, and dismantled on Tuesday, November 9th after 2:00 PM.
- **LOCATION ASSIGNMENT:** You will get your booth location assignment when you arrive to set up. Please indicate on the form below what type of booth you have and what you need so that we can place you in the appropriate space.
- **EXHIBIT TIMES:** Exhibit area will be open Monday 8 am – 6 pm and Tuesday 8 am – 2 pm. We request that someone be at your booth during these exhibit hours when possible.
- **WHAT YOU WILL GET:**
 - One Conference Registration
 - One 8' table w/ skirt & 2 chairs
- **SPECIAL REQUESTS:** If you have any special needs (i.e. additional chairs, electrical outlet, extension cord) please contact Barry Thomet at Rogers Memorial Hospital: bthomet@rogershospital.org or #262.646.1347.
- **EXHIBITOR REGISTRATION:** Fill out an *EXHIBITOR REGISTRATION FORM*. Exhibitor fees include one conference registration. You can have one additional person assist you with the booth at the cost of \$75.00. *Conference includes:* 2 keynotes, 1 Plenary Youth Panel, 30+ workshops, 4 meals and snacks. Forms can also be downloaded at www.wifamilyties.org.

Fees for Exhibiting are listed on the next page. **Please mail Exhibitor Registration Form, Conference Registration Form and fees to:**

**Wisconsin Family Ties,
16 N Carroll Street, Ste. 640, Madison, WI 53703
Attn: Eleanor - CCF 2010**

- **HOTEL REGISTRATION:** You are responsible for making your own hotel reservations and payment by calling the Kalahari Resort and Convention Center: 877.254.5466 and tell them you are part of the Children Come First Conference. You must call by Friday, October 15th to get the reduced rate.



2010 CHILDREN COME FIRST CONFERENCE EXHIBITOR REGISTRATION FORM

Exhibit Days: Monday, November 8 & Tuesday, November 9, 2010

1. Please print information as you would like it to appear in the conference program.
2. Send form and payment by check or money order to: Wisconsin Family Ties (WFT), 16 North Carroll Street, Suite 230, Madison, WI, 53703; Attn: Eleanor
3. For all questions other than payment, please contact: Barry Thomet at: bthomet@rogershospital.org or #262.646.1347. If you have payment questions contact Eleanor at WFT at: 1.800.422.7145.

Agency Name: _____

Agency Address: _____

Individual(s) Staffing Exhibit: _____

Staff's Contact Info: _____

Agency Phone: _____ Agency Email: _____

Agency Website: _____

Description of products/services:

Description of booth dimensions:

Please complete all information below:

___ We are a Non Profit 501(c) 3 Organization: ***Fee for Exhibiting is \$150.00***

___ We are a For Profit Business: ***Fee for Exhibiting is \$250.00***

___ There will be # ___ people attending. ***Please enclose an additional \$75.00 if someone is assisting you with your booth.***

Payment Method: ___ Check ___ Money Order ___ Invoice