

# InfoShare **Vendor/Exhibitor** Registration Form

Vendor Name

Attending Support Staff (if applicable)

Agency/Organization

Billing Address

**Payment Options:**

Check Enclosed # \_\_\_\_\_  Bill Agency  Pay at Door

*Make Checks Payable to: Waisman Center*

Contact Name

Phone

Email

**Description of Items:**

**Please check one:**

Self Advocate/Micro Enterprise

Non-Profit Organization/Informational

For-Profit Organization (non-Micro Enterprise)

**Table Size:**  Half Table (4 ft)  Full Table (8 ft)

*Tables are unskirted and bare.*

**VENDOR REGISTRATION INFORMATION:**

**Registration Fee:** \$10 per person

Vendor Registration will count as conference registration.

**Mail to:** Waisman Center, 122 E. Olin Ave., Ste. 100, Madison WI 53713

Please contact Rachel Weingarten with questions:

Phone: 608-890-0777 | Email: weingarten@waisman.wisc.edu