



29th Annual Wisconsin Conference on Brain Injury
“Moving Forward with Brain Injury”
April 24-25, 2017
Wilderness Resort • Wisconsin Dells • Wisconsin

Exhibit Space \$435 \$ _____

Includes one exhibitor conference registration. Additional exhibitors must complete a conference registration form and remit payment at the conference rate.

Additional Exhibitor fee (\$250) \$ _____

Outlet fee \$50 \$ _____

Please contact BIAW with any requests for needs greater than the normal amp standard.

TOTAL FEES: \$ _____

Exhibit Contact Person Title

Exhibitor Name(s): _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ *Email: _____

*a confirmation email will be sent once form is received.

I will attend: _____ Lunch on Monday

I require: _____ Vegetarian

Please make checks payable to **BIAW** and send with this completed form to:

Brain Injury Alliance of Wisconsin
Conference Exhibits
6409 Odana Rd, Ste. 1H
Madison, WI 53719

Deadline for reservation of space is **April 15, 2017.**

E-mail keurtis@biaw.org