



Wisconsin Frame Builders Association Annual Conference & Tour

Exhibitor Registration Form

Company Name: _____
Contact Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Website: _____
Phone: _____
Fax: _____
Email: _____

Personnel Attending: _____

Exhibitor Fee \$125	\$
*Exhibit space consists of 1-6x3 table	
* One dinner ticket is included with each registration	
Additional Dinner Tickets (\$30 each)	\$
Electrical Fee (\$25)	\$
Applies only if you need electricity in your exhibit space	
Cash Donation for Door Prizes (\$50 increments only)	\$
TOTAL SUBMITTED	\$

****DUE BY DECEMBER 31, 2019****

Remit Payment To:
Wisconsin Frame Builders Association
PO Box 14
Bloomer, WI 54724-0014

For any additional exhibitor questions contact Alysa Buresh – aburesh.wfba@gmail.com