

 <p>WISCONSIN DIETETIC ASSOCIATION</p> <p><small>an affiliate of the</small> eat right. American Dietetic Association</p>	<p align="center">CALL FOR MEMBER PRODUCT MARKETPLACE REGISTRATION FORM</p> <p align="center">Wisconsin Dietetic Association Annual Conference 2011</p> <p align="center">Grand Geneva Resort 7036 Grand Geneva Way at Highways 50 E and 12 Lake Geneva, WI 53147 800-558-3417 http://www.grandgeneva.com/index.asp</p> <p align="center">Tabletop Info: 9:45 am to 12:15 pm on Thursday, April 7th</p>	
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WDA members selling dietetic related (books, merchandise, etc.) and non dietetic products (massages, beauty supplies, cooking products, etc.) Each display will include: one draped 8 foot table, one chair. (Note: Space is limited to this; there will be an additional charge for extra space). An electrical outlet is available on request but charge is \$35.00. Any audiovisual equipment will be the responsibility of the participant. Please plan on bringing your own equipment or contact Lynn Edwards for rental information.

Cost: The fee to display your product is \$50. This fee provides space for your exhibit. **Must be a ADA member and registered for conference in order to have display.** You must agree to: Set up, monitor and remove your materials per the designated schedule.

Register by March 1st, 2011. (Deadline of December 15, 2010 for information to be printed in brochure that will be placed on website in January). Send form to: Lynn Edwards, c/o WDA, 1411 West Montgomery Street, Sparta, WI 54656-1003 or email to wda@centurytel.net or fax to 608.269.0043. Questions?? 888.232.8631.

Title of Marketplace Business for brochure:

Name and Title of Person presenting**:

Company or Organization:

Address (city, state, zip code):

Email:

Phone: ()

Brief description of your product display: (to be used in the materials provided to conference participants)

I will need an electrical outlet YES NO

Total enclosed or charged \$_____ (\$50.00 for booth; \$35.00 for electricity)

Checks payable to: *Wisconsin Dietetic Association*

Charge my Visa, Master Card or Discover #_____

Expiration Date_____ Billing Zip code_____ 3 digit code on back of card ____ _

Signature_____

Check here if you will need a receipt.

PROOF OF ADA MEMBERSHIP MUST ALSO BE ENCLOSED IF YOU ARE A MEMBER IN ANOTHER STATE

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