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# WMTA CONFERENCE EXHIBITOR REGISTRATION FORM

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The Wisconsin Music Teachers Association is very pleased you are interested in being a vendor at our upcoming conference. The staff of WMTA will do our best to assist you in any way possible during the conference. Do not hesitate to contact us if you have any further questions.

Event Date: \_\_\_\_\_ Location: \_\_\_\_\_

Exhibit Hall Times: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip +4: \_\_\_\_\_ email: \_\_\_\_\_

Phone: \_\_\_\_\_

## *BOOTH REQUIREMENTS:*

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# OF TABLES \_\_\_\_\_ ELECTRIC OUTLET NEEDED? \_\_\_\_\_

OTHER (SPECIFY) \_\_\_\_\_

Briefly describe your business (product, etc.): \_\_\_\_\_

*(attach additional information if necessary)*

**Please sign form and return with your payment to WMTA.**

**X**

Exhibitor

Mail Form & Fee to:  
Wisconsin Music Teachers Association  
1005 Quinn Dr. Suite 158  
Waunakee, WI 53597  
Questions? Call 608-850-3566 ext. 329  
Email: [wmta@wmta.net](mailto:wmta@wmta.net)

**FOR OFFICE USE ONLY:**

Conference Contact Person:

Check # and Amount:

Date Acknowledgment Sent:

Date Contract Received:

Date Payment Received:

Employee Initial & Date: