WISCONSIN SCHOOL BUS ASSOCIATION

Annual WSBA Convention & Trade Show
Exhibitor Registration Form

Exhibit Set-Up: **Monday: Buses 10am – 4pm. Tuesday: Booths 7am – 11:30am**

Trade Show Hours: **12:00 – 4:00 pm on Tuesday, June 23rd**

Location: Marriott Madison West, 1313 John Q Hammons Dr, Middleton 53562

Phone: 608-831-2000, 888-745-2032 * Fax: 608-831-2040

Note: Only Associate Members whose 2026 dues are paid in full are eligible to display at the Trade Show.

Booths include: 8'x10' space, Side Drapes, (1) 8' skirted table, (2) chairs, Wastebasket, Sign

Bus spaces include: (1) 8' skirted table and (2) chairs

See the Marriott Exhibitor Services Form for electrical and other items. Order and Pay Marriott directly.

ALL EXHIBITING PERSONNEL MUST BE REGISTERED FOR THE CONVENTION.
REGISTRATION BADGE MUST BE WORN AT ALL CONVENTION ACTIVITIES.

___ **Display BOOTH (1-35)** **Booth choice #1 _____** **Booth choice #2 _____**	**By March 31: $549 Interior; $599 Corner** **By April 30: $599 Interior; $649 Corner** **After April 30: $649 Interior; $699 Corner**	**$ _____** **Registration for (1) included.** **Additional attendees will need to register.**
___ **Inside BUS Space (A-F)** **Bus space choice #1_____** **Bus space choice #2 _____**	**By April 30: 1st Bus: $1,400 (A or F)** **$1,100 (B - E)** **2nd bus: $750 (B – E)** **After April 30: 1st Bus: $1,600 (A or F)** **$1,300 (B-E)** **2nd bus: $950 (B – E)**	**$ _____** **Registration for (2) included.** **Additional attendees will need to register.** **(1) additional registration included with a 2nd bus.**
___ **ADVERTISE in Convention Program**	**$150 – Full page ad (8.25"H x 5.5"W)** **$75 – Half page ad (4.25"H x 5.5"W)** **Send full color ad image file in PNG, JPG, or PDF BY JUNE 5**	**$_____**

TOTAL DUE $_____

COMPANY NAME _____

PRODUCT _____

CORRESPONDENCE TO BE DIRECTED TO:_____

ADDRESS _____ CITY _____ STATE _____ ZIP_____

PHONE _____ **EMAIL** _____

Charge option: Credit Card#:_____Exp Date: _____Sec.#:_____ CC Zip:_____

(Note: credit card charges will incur a 3.5% processing fee)

ATTENDING PERSONNEL NAME(S): Send separately via email if needed (Please provide names no later than June 9)

1. _____ 2. _____ 3. _____

ALL FEES MUST ACCOMPANY THIS FORM **Send with Payment of check or credit card (ACH available) to:**

Wisconsin School Bus Association (WSBA) * 3980 River Rd, Wisconsin Dells, WI 53965

Email: Cherie@wi-sba.org **Phone: 608.514.5470** **www.wi-sba.org**

Cancellation Policy: Full refund available if received in writing by May 31. Refunds are not available after May 31.