



Wisconsin's 26th Annual State-Wide Institute on Best Practices in Inclusive Education – 2019

July 29-31, 2019

Westwood Conference Center Wausau, WI

Exhibitor/Vendor Information

Promote your organization or Microenterprise by purchasing an exhibit table at Wisconsin's 26th Annual State-Wide Institute on Best Practices in Inclusive Education – 2019. Space is limited and only applications from exhibitors/vendors that are self-advocates and/or support school or community inclusion will be accepted. **Applications must be submitted by July 15, 2019.**

Exhibit tables are a 6 foot skirted table with 1-2 chairs. Exhibit tables will be available on:

Monday (7/29/19) evening 4:00 pm. -7:00 pm.
Tuesday (7/30/19) 7:30 am. - 6:00 pm.
Wednesday (7/31/19) 7:30 am – 2:30 pm.

- | | |
|--|---------------------|
| ○ Person with a Disability Operating Their Own Microenterprise | Fee \$55.00 |
| ○ Microenterprise Extra Table | Fee \$55.00 |
| ○ Non-Profit Organization or Company Directly Supporting Inclusion
(Provide verification of your non-profit status) | Fee \$150.00 |
| ○ Non-Profit Organization or Company Extra Table | Fee \$150.00 |
| ○ For Profit Organization or Company Directly Supporting Inclusion | Fee \$300.00 |
| ○ For Profit Organization or Company Extra Table | Fee \$300.00 |
| ○ Access to Electrical Outlet | Fee \$100.00 |
| ○ Conference Lunches – per person | Fee \$ 50.00 |
- (This fee is required in order to partake of the refreshments, socials,
& lunches on Monday, Tuesday & Wednesday)**

Additional Information:

- No wall space is available (for hanging).
- Any additional floor space must be pre-approved.
- Set-up time will be 4:00 pm on Monday, July 29 and break-down time by 2:30 pm. on Wednesday, July 31
- Exhibitors are responsible for storing materials/displays at the end of each day. Institute organizers are not responsible for lost or stolen items.

If you have additional questions or needs, please contact Dr. Kim Beloin at Beloin@att.net or 414.881.8101.



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Exhibitor/Vendor Application

Individual or Company Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

E-Mail: _____ Phone: _____

Description of Organization: _____

Products and/or Services to be Promoted/Sold: _____

Exhibitor/Vendor Options & Fees: (Check those that apply and determine total amount due):

- Person with a Disability Operating Their Own Microenterprise **Fee \$55.00**
 - Microenterprise Extra Table **Fee \$55.00**
- Non-Profit Organization or Company Directly Supporting Inclusion **Fee \$150.00**
(Provide verification of your non-profit status)
 - Non-Profit Organization or Company Extra Table **Fee \$150.00**
- For Profit Organization or Company Directly Supporting Inclusion **Fee \$300.00**
 - For Profit Organization or Company Extra Table **Fee \$300.00**
- Access to Electrical Outlet **Fee \$100.00**
- Conference Lunches & Refreshments – **per person** **Fee \$ 50.00**
**(This fee is required in order to partake of the refreshments, socials,
& lunches on Monday, Tuesday & Wednesday)**

TOTAL DUE: _____

Make Checks Payable to: **“Summer Institute on Inclusion”**
Mail to: **Dr. Kim Beloin** 357 Juniper Court Grafton, WI 53024

Fax: Scan, Fax & E-mail to Beloin@att.net

Website: <http://www.BeloinandBrandl.com>