

INVITATION TO EXHIBIT

2010 Broadcasters Clinic

October 26-28, 2010

Marriott Madison West, 1313 John Q Hammons Drive, Middleton, WI, Phone: (608) 831-2000

Exhibit Hours:

- Tuesday, October 26, 4:30 PM - 7:30 PM (HORS D'OEUVRES & BAR AVAILABLE IN EXHIBIT ROOM)
- Wednesday, October 27, 10:30 AM - 1:30 PM

ALL ATTENDEES WILL BE INVITED TO A COMPLIMENTARY LUNCH IN THE EXHIBIT HALL DURING WEDNESDAY'S SHOWCASE OF EXHIBITS!

Please reserve _____ adjacent (8x10 ft) booth(s) at \$400.00 per booth ~ **NO REFUNDS!**

Your booth space will include electricity, a table and two chairs and two lunch coupons for Wednesday's lunch. (Additional lunch tickets are available for purchase.) *There is a limit on booth personnel.

Company Name: _____

Contact: _____

Full Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____ Title: _____

Exhibitor's Name(s) (for Name Badges): _____ Title: _____

Exhibitor's Name(s) (for Name Badges): _____ Title _____

WBA is looking for sponsorships for this event. Here are your possibilities:

Program Sponsorship \$750 - **Sponsorship Received - Thank you!**

Continental Breakfast Tuesday Wednesday, or Thursday (\$1,000 each day individual sponsorship) ~ STILL AVAILABLE

Breaks Tuesday, Wednesday or Thursday (\$250 each day) - **Sponsorship Received - Thank you!**

Luncheon on Tuesday \$1,500 - **Sponsorship Received - Thank you!**

Luncheon Wednesday \$3,000 - **Sponsorship Received - Thank you!**

Luncheon on Thursday \$1,500 - **Sponsorship Received - Thank you!**

Exhibitor Reception on Tuesday \$3,000 - \$5,000 ~ STILL AVAILABLE

Prize Donations (Please contact Linda Baun at lbaun@wi-broadcasters.org) ~ STILL AVAILABLE

The WBA will provide the following in return for a Sponsorship of \$1,500 or more for the above opportunities:

- Complimentary booth

- Signage acknowledgement

- Recognition in publicity and WBA website.

- Advertising in Newsletter included with \$3,000-\$5,000 sponsorship.

To pay by credit card please complete all of the following:

Name on card: _____ Daytime Phone: _____

Complete Billing Address: _____

Type of card: VISA MasterCard _____ Expiration Date: _____

Card Number: _____ CSC #: _____

Signature Required: _____

Paying by check? Make payable to: **Wisconsin Broadcasters Association**

Mail this sheet and your payment to: **Linda Baun, WBA, 44 E Mifflin Street, Suite 900, Madison, WI 53703**

For additional information contact Linda Baun at (800) 236-1922, lbaun@wi-broadcasters.org

THANK YOU FOR YOUR SUPPORT AND SPONSORSHIP CONSIDERATION!