

EXHIBITOR REGISTRATION

West Virginia Self-Insurers Association Annual Conference

April 20-21, 2011

www.wvsia.com

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Phone: _____

Fax: _____

Amount

WVSIA Member Vendor Area @ \$400 (includes registrations for 2 vendor reps) _____

Non-WVSIA Member Vendor Area @ \$600 (includes registrations for 2 vendor reps) _____

Names of Vendor Reps: _____

TABLE CHOICE: 1. ___ 2. ___

Co-Sponsor Reception @ \$500 _____

Sponsor Refreshment Break @ \$500 _____

Co-Sponsor Continental Breakfast @ \$500 _____

TOTAL: \$ _____

() Enclosed is my check made payable to WVSIA in the amount of _____

() Please charge the following: () Visa () MasterCard in the amount of _____

Credit Card Number: _____ **Exp. Date:** _____

Card in the Name of: _____

Signature: _____

Please check for all items:

We will provide a door prize: ___ Yes ___ No

We will need an electrical outlet: ___ Yes ___ No

We will need a table: ___ Yes ___ No

Special needs: _____

(WVSIA Tax Identification Number 55-0654337)

Please return this form, **with check** made payable to **WVSIA, or credit card information** no later than April 6, 2011 to:

Janice Bowen
WVSIA
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Charleston, WV 25326
jfbowen@suddenlink.net