



December 2018

WHPE Annual
Convention
October 23-25, 2019
Kalahari Resorts
Wisconsin Dells, Wisconsin

Dear Exhibitor:

This year's convention is being held at the Kalahari Resorts & Conventions in Wisconsin Dells, WI. Your choice of booth space will be determined by the date of receipt of application and full payment. The cost for an 10'x8' draped booth with one table and two chairs is \$600.00. There will be an additional charge for electricity, extra tables, AV equipment, etc... There may be additional shipping charges assessed by the Kalahari for shipping and storage.

WHPE is offering a **\$100.00 discount** to anyone who registers and pays in full before July 1, 2019. Application and payment must be received by Sept 1, 2019 to be guaranteed inclusion in the convention program.

The address of the Kalahari Resort & Conventions is 1305 Kalahari Drive, PO Box 590, Wisconsin Dells, WI 53965. The schedule is as follows: **Exhibitor set up time is from 4:00 – 8:00 p.m.** on Wednesday, October 23rd. Exhibit hours are Thursday, October 24th from 9:00 a.m.- 4:00 p.m. and Friday, October 25th from 9:00 a.m. - 11:00 a.m. **Your exhibit booth must remain set up until 11:00 a.m.** To make hotel reservations, please call the Kalahari Resort (877) 253-5466 and state that you are with the Wisconsin Health & Physical Education 2019 room block. Rate is \$109 for single-quad occupancy, nightly resort fee is waived. Reservation deadline is Monday, September 23, 2019.

Our exhibitors are an important part of the overall convention experience and we value your support. *We are hosting a Thursday morning "Coffee/Tea and Muffins in the Exhibits Hall"*

As the Exhibits Manager and CEO for the Association I look forward to your reply and having you with us in Wisconsin Dells.

Sincerely,
Keith W. Bakken, CEO

WISCONSIN HEALTH AND PHYSICAL EDUCATION

**2019 APPLICATION FOR COMMERCIAL EXHIBIT SPACE
KALAHARI RESORTS & CONVENTIONS
WISCONSIN DELLS, WI
OCTOBER 23-25, 2019**

Company _____
(Name of Firm)

Address _____ Contact Person _____
_____ Telephone (____) _____
_____ E-mail _____

Types of Products to Exhibit: _____

Name of Representative(s): _____

Number of Booths Reserved: Please circle one

- One booth - **before July 1st** \$500 w/o electricity
- One booth - **after July 1st** \$600 w/o electricity

Extra Tables: _____ @ \$25 per table **Electricity:** _____ @ \$100.

Booth preference: 1st choice _____ 2nd choice _____ 3rd choice _____
(Booth preference will be determined by the date of receipt of this application and full payment.)

Date Signature of Applicant Name and Title (Please Print)

Make checks payable to WHPE Mail application and check to: WHPE
145 Mitchell Hall
1725 State Street
La Crosse, WI
54601

Total Amount Enclosed: _____