

"In the Public Interest"

# The 2019 Wisconsin Elevator Symposium

## Lake Geneva, WI

September 26<sup>th</sup>-27<sup>th</sup>, 2019



Join NAESA International and the Wisconsin Department of Safety and Professional Services for a 2-day educational symposium for inspectors, mechanics, consultants and others in the elevator industry. This will be the 14th Annual Wisconsin Symposium and the 8<sup>th</sup> hosted by NAESA. It's designed to fulfill education requirements for both Certified QEI Inspectors and Wisconsin State inspectors and mechanics.

### RETURN COMPLETED REGISTRATION FORM TO:

NAESA International  
 PO Box 4367  
 Mankato, MN 56002  
 Fax: 360-292-4973  
 Email: [megan@naesai.org](mailto:megan@naesai.org)

*HOTEL INFORMATION*

*The symposium will be held at:*

**Grand Geneva Resort**  
 7036 Grand Geneva Way  
 Lake Geneva, WI 53147

*The hotel boasts gorgeous scenery, restaurant and bar, fitness center, horseback riding, golf course, skiing, and more!*

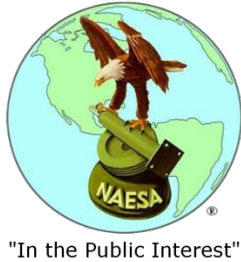
*Room rates are \$164 +tax and fees per night.*

*Reservations must be made by August 25th, 2019.*

*Call 855-833-5345 to make reservations.*

2019 WISCONSIN SYMPOSIUM REGISTRATION FORM			
First Name:	Last Name:		
Address:	City:	State:	Zip:
Phone:	Email:		
Employer:			
Cert # (if applicable):	Wisconsin ID # (if applicable):		
<b>REGISTRATION FEE: \$225</b> Includes all education sessions, exhibit hall access, food on both days and 1 ticket to the Evening Reception.			
Payment By: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> MO			
Credit Card #:	CVV:	Expires:	
Name on Card:	Billing Zip Code:		
Signature:	Date:		

Registration is also available at [www.naesai.org](http://www.naesai.org)



# 2019 Wisconsin Elevator Symposium Lake Geneva, WI September 26<sup>th</sup> – 27<sup>th</sup>, 2019



## EXHIBITOR CONTRACT

PLEASE COMPLETE ALL INFORMATION BELOW					
Company / Jurisdiction:					
First Name:		Last Name:			
Additional Person:					
Company Address:		City, State, Zip:			
Phone:	Fax:	Cell:			
Email Address:					
Description of Product or Service:					
Signature:		Date:			
INFORMATION		Cost	Qty	Total	
Price includes 1 8ft table and 2 chairs. Breakfast, breaks and the Social Hour are included for 2 people. Exhibits will be open Thursday and Friday. PLEASE NOTE: Electrical power supply is not included. If required, please contact the hotel directly.		<b>\$650 USD</b>			
PAYMENT METHOD - Payment is due with signed contract.					
Visa	MasterCard	AmEx	Discover	Check	MO
Card #:		CVV:	Expiration:		
Name on Card:			Billing Zip Code:		
Signature:			Date:		

*Make checks payable to NAESA International.*

**Return completed form and payment to:**

NAESA International  
P.O. Box 4367  
Mankato, MN 56002

Fax: 360-292-4973 Email: [emerald@naesai.org](mailto:emerald@naesai.org) Phone: 360-292-4968

*\*\*Attendee contact list available upon request*



"In the Public Interest"

# 2019 Wisconsin Elevator Symposium Lake Geneva, WI September 26<sup>th</sup>-27<sup>th</sup>, 2019



## SPONSORSHIP CONTRACT

<b>First Name:</b>	<b>Last Name:</b>
<b>Company / Jurisdiction:</b>	
<input type="checkbox"/> My company is sponsoring	<input type="checkbox"/> I am personally sponsoring
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Signature</b>	<b>Date</b>

## SPONSORSHIP OPPORTUNITIES

CHOOSE SPONSOR LEVEL			AMOUNT
<input type="checkbox"/> Platinum	\$1,000 and up	Evening Reception	\$
<input type="checkbox"/> Gold	\$525 - \$999	Lunch	\$
<input type="checkbox"/> Silver	\$325 - \$525	Breakfast	\$
<input type="checkbox"/> Bronze	Up to \$325	Break	\$
Sponsors will be recognized with a poster board set up at the event being sponsored. Sponsors will also be acknowledged in the program book and verbally throughout the symposium.			

PAYMENT INFORMATION						
Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AmEx	<input type="checkbox"/> Discover	<input type="checkbox"/> Check	<input type="checkbox"/> MO
<b>Credit Card #:</b>	<b>Exp:</b>	<b>CVV:</b>				
<b>Name on Card:</b>	<b>Billing Zip:</b>					
<b>Signature</b>	<b>Date</b>					

### SEND CONTRACT AND PAYMENT TO:

NAESA International  
PO Box 4367  
Mankato, MN 56002

Phone: 360-292-4968  
Fax: 360-292-4973  
Email: [emerald@naesai.org](mailto:emerald@naesai.org)