



EXHIBITOR REGISTRATION FORM

Yes, we want to Exhibit at the 2016 Business Success Summit!

Company _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Mobile: _____

Email: _____ Web site: _____

Exhibitor: \$350 (includes 1 ticket to the event)

Number of additional tickets to the conference (\$50/each)

Name(s): _____

Name(s): _____

Name(s): _____

Power Yes, we need access to power for an additional \$30
(Please bring your own extension cord)

Total Enclosed: \$ _____

YES, we would also like to run an ad in the pre-conference tabloid.

Please complete this form and enclose a **check payable to:**
Northeast Wisconsin Technical College.

We will provide an additional receipt if requested

Send completed form to:

Tom Duffy, Small Business Initiative
2701 Larsen Rd. Suite 233, Green Bay, WI 54303
Email: Thomas.duffy@nwtc.edu

**CORPORATE
TRAINING
& ECONOMIC
DEVELOPMENT**

SMALL BUSINESS INITIATIVE

 **Northeast**
Wisconsin Technical College