

2026 ANNUAL SCIENTIFIC MEETING



EXHIBITOR INFORMATION

September 18-19, 2026

Wilderness Resort and Glacier Canyon Conference Center
45 Hillman Rd., Wisconsin Dells, WI 53965
800-867-9453

*Promote your opportunities to Medical Students, Residents,
Internists, Medicine Specialists and Sub-Specialists.*

A LETTER TO INDUSTRY PARTNERS

Dear Internal Medicine Industry Partner:

We are pleased to announce the 71st Annual Scientific Meeting of the Wisconsin Chapter of the American College of Physicians (ACP). This two-day scientific meeting is the premier meeting of the year for internists in the state of Wisconsin.

This year's meeting will be held September 18-19, 2026 at the Wilderness Resort and Glacier Canyon Conference Center in Wisconsin Dells, WI.

Again this year, we are planning for an increased number of presented and displayed posters, which will put you face-to-face with some of Wisconsin's, Minnesota's and Illinois' current and future internists.

There will be receptions on both Friday and Saturday that are sure to maintain significant traffic/activity in the Exhibit Hall.

We are scheduling breaks throughout to provide the exhibitors and attendees as many opportunities as possible to interact. Exhibit hours will run from Friday afternoon - Saturday evening.

Enclosed you will find exhibitor information containing details of the conference, as well as a floor layout for booth reservations. The exhibit fee is \$1,500.00 per table. Income generated from exhibit fees will be used to offset meeting expenses. For your reference, the ACP-Chapter tax identification # is 39-1414844. If you require more information please contact the ACP-Wisconsin Annual meeting office at (414) 488- 3910 and we will try to meet any special requests.

If you have exhibited in the past, please accept the appreciation of the members of the Wisconsin Chapter of the ACP for your support of the Annual Scientific Meeting. Should you wish to continue further support, a list of grant opportunities is also included in the exhibitor prospectus.

Thank you,

Jenni Kilpatrick, CAE
Chapter Executive

**71st Annual
Scientific Meeting
September 18-19, 2026
Wilderness Hotel & Glacier Canyon
Conference Center
Wisconsin Dells, Wisconsin**

Governor

Farah Kaiksow, MD, MPH, FACP
Madison

Immediate Past Governor

Ann M. Maguire, MD, MPH, FACP
Milwaukee

Secretary

Sophie Kramer, MD, FACP
Madison

Treasurer

Rupesh Prasad, MD, FACP
Milwaukee

Program Co-Chairs

Hari Paudel, MD, FACP
Milwaukee

Rohan Bodapati, MD, FACP
Madison

Tammy Benjamin, MD, FACP
Marshfield

Education Committee Chair

Babajide Adio, MD, FACP
Milwaukee

Narrative Medicine Program Chair

Abigail Bales, MD, FACP
Madison

Hospitalist Committee Chair

Sanjay Bhandari, MD, FACP
Milwaukee

Program Meeting Management

Jenni Kilpatrick, CAE
Milwaukee

Veronica DeMore
Milwaukee

ANNUAL SCIENTIFIC MEETING INFORMATION

BOOTH SPACE

Booth locations are reserved. Please review the floor plan and determine your preferred location. Booth space will be assigned in the order reservations are received. Booth reservations may be made to the ACP Wisconsin Chapter Office by phone (ask for Veronica) at (414) 488-3910. Reservations received by phone must be confirmed in writing along with a completed application and payment within one week.

EQUIPMENT

One six-foot, draped table and two chairs will be provided for each exhibitor. Exhibits displayed are table top in a carpeted exhibit area.

ELECTRICAL

Electrical service must be contracted by checking the box on the exhibitor application. If any special equipment is needed, please contact the ACP Wisconsin Chapter Annual Meeting office at (414) 488-3910 before September 4, 2026.

EXHIBIT INSTALLATION & LOCATION

The exhibit hall will be located adjacent to the meeting rooms and inside the meal function rooms. The Exhibit Hall will be available for set-up on Friday, September 5th from 7:30AM - 10:15AM. All exhibits must be assembled by 10:15AM on Friday.

REGISTRATION & HOTEL

Name badges will be provided for exhibitors. Please list the representatives attending on the exhibit contract. Exhibitors must make their hotel reservations directly with Wilderness Resort at 800-867-9453. Deadline for reservations is August 18th, 2026. A special rate of \$119 for Thursday, \$159 for Friday and Saturday has been arranged. The group reservation number is Leader **#B40427**.

FEES

1 table: \$1,500.00

Each booth includes registration for four (4) exhibit personnel. All exhibit personnel must be registered for the Annual Meeting.

EXHIBIT GUIDELINES

- Exhibits must be staffed at all times the Exhibit Hall is open.
- Promotions can only be conducted in your booth.
- Soliciting outside of your booth area will not be allowed.
- Any audio or decorative items cannot interfere with normal levels of conversation.
- Early breakdown is prohibited.

PAYMENT & CANCELLATIONS

At least one-half of the cost of the table(s) must accompany this application. Remember, your space will not be confirmed until a 50% deposit is received. The balance must be paid in full no later than September 4, 2026. Make checks payable to:

ACP Wisconsin Chapter
6737 W. Washington St. • Suite 4270
Milwaukee, WI 53214

Table cancellations must be made in writing. A refund, less \$50, will be granted for requests made before September 4. No refunds will be given after September 4, 2026.

The Exhibit Hall is adjacent to the meeting and meal function rooms. All breaks, displayed posters and receptions on Friday and Saturday will be held in the Exhibit Hall.

SHIPPING INSTRUCTIONS

Shipments of large display material should be sent to:

**Wilderness Resort and Glacier
Canyon Conference Center**
45 Hillman Rd.
Baraboo, WI 53965
800-867-9453

There is a charge for shipping and receiving. Please contact the Wilderness Resort for a list of rates.

SPONSORSHIPS

Increase your exposure by sponsoring a specific event. Sponsorships are available for: receptions, Saturday breakfast and coffee/ soda breaks.

EXHIBITOR'S SCHEDULE AT-A-GLANCE

Payment Deadline is September 4, 2026. All booths must be paid in full by this date to hold your reservation.

Friday, September 18, 2026

7:30 - 10:15AM
Exhibit Set-up

10:25 - 10:40AM
Break

12:25 - 12:45PM
Break and Lunch

2:30 - 3:10PM
Break

5:00 - 5:30PM
**Opening Welcome Reception
(in exhibit area)**

Saturday, September 19, 2026

7:30 - 8:20AM
Breakfast

10:15 - 11:00AM
Break

12:00 - 12:30PM
Break and Lunch

2:25 - 3:00PM
Break

4:50 - 5:15PM
Break

5:15PM
Exhibit Dismantling

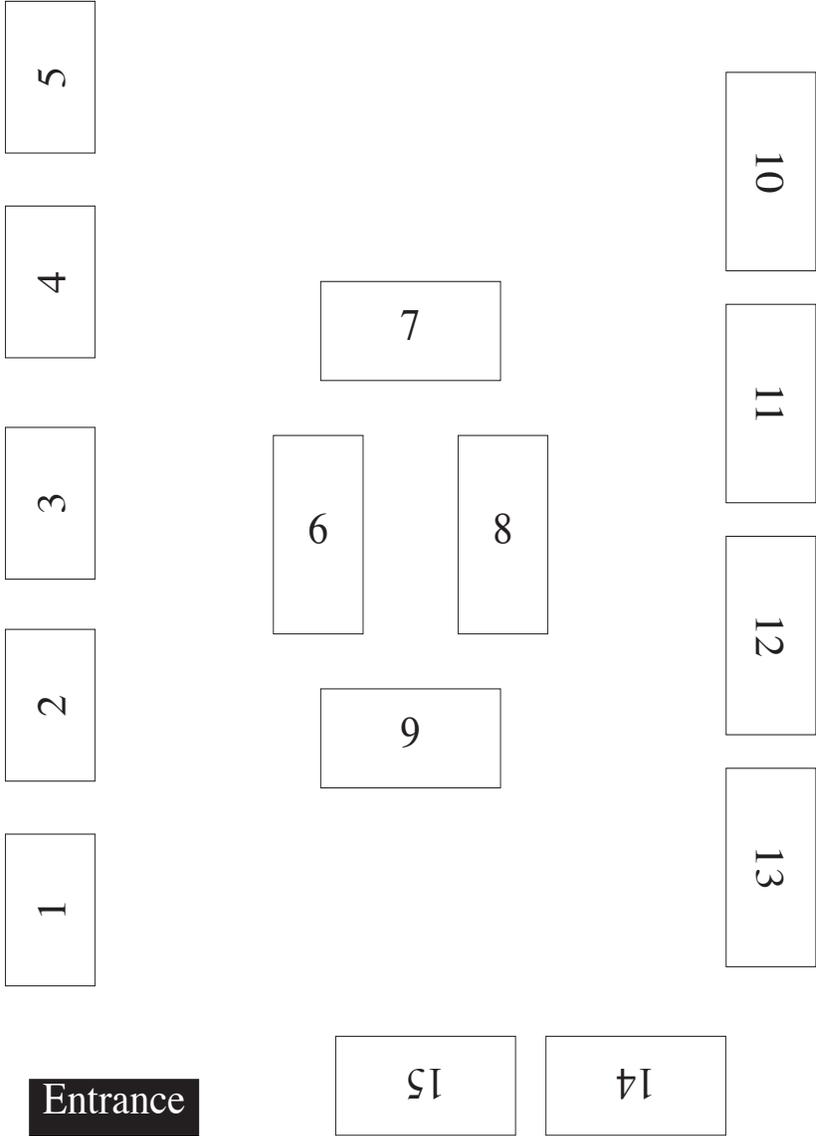
CONTACT

For information on sponsorships and booth reservations contact Veronica DeMore at:

ACP Wisconsin Chapter
6737 W. Washington St.
Suite 4270
Milwaukee, WI 53214
Phone: (414) 488-3910
FAX: (414) 755-1346
E-mail: info@acpwi.org

EXHIBITOR MAP

Poster Display Area



Layout is subject to change dependent on number of exhibitors.

Hold Harmless Clause

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury or damage to exhibitor's displays, equipment, and other property brought upon the premises of the hotel and shall indemnify and hold harmless the association, hotel, agents, servants, and employees from any and all such losses, damages, and claims. In addition, the exhibitor acknowledges that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor. This clause is incorporated by reference, and agreed to by the exhibiting party upon signature of the contract.

EXHIBITOR, SPONSOR AND ADVERTISING OFFERINGS

Opportunity	Fee
Friday Evening Welcome Reception*	\$1,000
Saturday Breakfast*	\$1,000
Saturday Morning Coffee Break*	\$300
Saturday Afternoon Coffee Break*	\$300
Saturday Evening Reception*	\$1,000
Full Exhibitor and Promotion Package**	\$1,650
Annual Meeting Exhibitor**	\$1,500
Annual Meeting Job Posting Flyer	\$300
Facebook/Twitter Posts/Shares	\$250

**All event sponsors will receive recognition in electronic Annual Meeting materials and special signage at the sponsored event.*

***All exhibitors will receive recognition in the electronic Annual Meeting materials.*

ADDITIONAL INFORMATION

Inclusion of job posting ad in Annual Meeting flyer (distributed to each attendee at the Annual Meeting) - \$300

Social Media: Facebook/Twitter Posts/Shares (6x/year) - \$250 for six posts/shares (\$50 each individual share)

Annual Meeting Exhibitor - \$1,500, includes 6' table, two chairs, recognition in Annual Meeting electronic materials and onsite signage

Full Exhibitor and Promotion Package - one exhibit tabletop space (\$1,500 value), inclusion of job posting ad in Annual Meeting flyer (\$300 value), and six social media posts/shares (\$250 value) for ONLY \$1,650 (a \$150 savings!)

For more information or to express interest in any of these activities, contact Veronica DeMore at the ACP-WI Office at info@acpwi.org or 414-488-3910.

Thank you!

EXHIBITOR, SPONSOR AND ADVERTISING APPLICATION

Company Name _____

Contact Person _____

Address _____

City _____

State _____

ZIP _____

Daytime Phone _____

Email _____

Please list names of **all** representatives attending: _____

EXHIBITOR PRICING

Opportunity	Fee
<input type="checkbox"/> Friday Welcome Reception*	\$1,000
<input type="checkbox"/> Saturday Breakfast*	\$1,000
<input type="checkbox"/> Saturday Morning Coffee Break*	\$300
<input type="checkbox"/> Saturday Afternoon Coffee Break*	\$300
<input type="checkbox"/> Saturday Evening Reception*	\$1,000
<input type="checkbox"/> Full Exhibitor and Promotion Package**	\$1,650

Opportunity	Fee
<input type="checkbox"/> Annual Meeting Exhibitor**	\$1,500
<input type="checkbox"/> Annual Meeting Job Posting Flyer	\$300
<input type="checkbox"/> Facebook/Twitter Posts/Shares	\$250

My choice of exhibit space is:

1st _____ 2nd _____ 3rd _____ 4th _____

Will you need electrical service? Yes No

Competitors to try and avoid: _____

PAYMENT

My check is enclosed

Please make your check payable to **ACP Wisconsin Chapter** and send with Registration Form to the address below.

Amount Due:

ACP Wisconsin Chapter, 6737 W. Washington St., Suite 4270, Milwaukee, WI 53214

Pay By Credit Card: **We cannot accept emailed credit card information. Please FAX (414-755-1346) or mail.**

Visa MasterCard Discover American Express

Name on Card: _____

Card Number: _____ Exp. Date: _____ CVC: _____

Authorized Signature: _____