Medical Education Support Grants
September 10-11, 2021

Wilderness Resort and Glacier Canyon Conference Center
45 Hillman Rd. • Wisconsin Dells, WI 53965

Grantors will receive:
Acknowledgment in the ACP Annual Meeting Program
Special Signage at the Registration Area
Special Signage at the Event Sponsored

Friday Welcome Reception – $1,000
Saturday Continental Breakfast – $600
Saturday Morning Coffee Break – $300
Saturday Afternoon Coffee Break – $300

Job Postings with ACP-Wisconsin
As an add-on to your exhibitor table, you can choose from the following job posting packages:

Inclusion of job posting ad in Annual Meeting flyer (distributed to each attendee at the Annual Meeting) - $100

Inclusion of job posting ad in one edition of the ACP-WI Governor’s Newsletter (electronic newsletter, distributed in spring and fall to all ACP-WI members) - $75 ($125 for both issues, a $25 savings!)

Exhibitor Table and Job Posting Package: one exhibit tabletop space ($1000 value), inclusion of job posting ad in Annual Meeting flyer ($100 value), inclusion of job posting ad in both editions of the ACP-WI Governor’s Newsletter ($150 value) for ONLY $1100 (a $150 savings!)

For more information or to express interest in any of these activities, contact Delaney Mielke at the ACP-WI Office at 414-488-3910

Thank you!
Exhibitor Application

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Contact Person ____________________________________________________________

Company Name ____________________________________________________________

Address ___________________________________________________________________

City __________________________________________ State __________ Zip __________

Telephone _______________________________ FAX _____________________________

Email _________________________________________________________________

Exhibitor Pricing (descriptions on reverse side)

☐ Exhibitor Table – $1,000      ☐ Exhibitor Table / Job Posting Package – $1,100
☐ Annual Mtg Flyer Job Posting – $100    ☐ Newsletter Job Posting (1 Edition) – $75
                                 ☐ Newsletter Job Posting (2 Edition) – $125

☐ My check is enclosed. [Make check payable to: ACP Wisconsin.]
☐ Pay By Credit Card: ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Name on Card: ___________________________________________________________________

Card Number: _____________________________ Exp. Date: ________ CVC: __________

Authorized Signature: ___________________________________________________________________

A 50% deposit will hold your table space. You will receive confirmation of your exhibit space.

My choice of exhibit space is (Contact Scott Mattson at the ACP-WI Office at (414) 488-3910 to reserve a table):

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

Will you need electrical service? ☐ Yes ☐ No

Competitors to try and avoid: _______________________________________________________

Please list names of all representatives attending

_____________________________________________________________________________

Mail or fax to: ACP Wisconsin – 6737 W. Washington St. – Suite 4210 – Milwaukee, WI 53214
FAX: 414-276-7704

Thank you!