

Wisconsin Association for Bilingual Education

2012



Two Day Conference Wisconsin Dells, WI

*Chula Vista
2501 River Road
P.O. Box 30
Wisconsin Dells, WI 53965
1-800-388-4782
(608) 254-8366*

www.chulavistaresort.com

Located just 3 miles north of Wisconsin Dells on HWY 13

**March 23-March 24, 2012
Register Early**

ADVERTISING CONTRACT FOR CONFERENCE PROGRAM

WIABE 2012

March 23-March 24, 2012

CORPORATION/AGENCY/SCHOOL _____

SIZE AND TYPE OF AD REQUESTED:

Check the type of ad you wish to purchase. A separate form is required for each ad. Photocopies are acceptable.

Full Page Color 8" x 10" (may bleed)

\$200

Full Page B&W 8" x 10" (no bleeds)

\$100

Half Page B&W 8" x 5" (no bleeds)
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\$50

CONTACT PERSON TO WHOM CORRESPONDENCE REGARDING ADVERTISING SHOULD BE SENT:

Dr. Mr. Mrs. Ms. Last _____ First _____ Middle Initial _____

Company/Organization _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____

FULL PAYMENT MUST ACCOMPANY THIS CONTRACT. Please check the method by which you are submitting payment
Check/Purchase Order/Money Order # _____
(Make check or institutional purchase order payable to "WIABE" Must include purchase order with form.)

Mail this contract with check or money order to:

WIABE - PO Box 340192 – Milwaukee, WI. 53234-0192

WIABE reserves the right to determine the placement of all advertisements within the conference program.

Questions: Mildred Olson, WIABE Board Member – 414-902-9230 or email: mildredo@boysgirlsclubs.org

DEADLINE

Contracts and artwork materials for inclusion in the **WIABE 2012 Conference Program Book**
Must be received by **Friday, January 20, 2012**

Wisconsin Association for Bilingual Education Registration Form

Two Day Conference: March 23 & March 24, 2012

Name: _____ School: _____

All Registration Fees:

This includes registration materials, bag, Friday Teacher of the Year, Opening Ceremonies & Reception. Saturday workshop sessions, keynote speaker, breakfast, lunch & banquet event, membership to WIABE for one year, exhibitors and WIABE T- Shirt Please specify Adult Size:

___S ___M ___L ___XL ___XXL ___XXXL

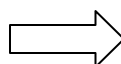
Please write the amount in the boxes below and total amount that you are sending.

*Please note: After January 31, 2012 you must register on site

Early Bird registration fee \$125.00 (If sent or faxed on or before Tuesday, January 31, 2012)	\$
One day Conference fee \$100.00	\$
Full-Time University Student fee \$75.00	
ON SITE Registration fee \$200.00	\$
Total amount enclosed	\$

*Please select one for Lunch and one for Dinner

(Breakfast same selection for everyone)



_____ Breakfast Buffet

Lunch: _____ Chicken Marsala

_____ Beef medallions Mondovi

_____ Spinach Cheese Ravioli

Dinner: _____ Breast Chicken
Viennese

_____ Roast Sliced Turkey

_____ Creamy Pesto Tortellini

Registration Form

Two Day Conference: March 23 & March 24, 2012

Please complete the following form in order to update our records and receive emails from WIABE

(Last name, first name – Please print)

Home address

City, State and Zip code

H ()

W ()

C ()

Home phone number , work phone number and cell number (include area code)

e-mail (Please submit e-mail address for future information from WIABE)

School or organization

____ Educator

____ Parent Coordinator

____ Parent

____ Administrator

____ Other _____

Method of Payment

Make checks payable to **WIABE**

School Check # _____

Personal Check# _____

Purchase Order # _____

Other Source _____

WIABE use only Date Received _____

PO/ Check Number _____
(init. _____)

Please submit this form with your registration form to:

Cyndy Mendoza- Corresponding Secretary

WIABE

PO Box 340192

Milwaukee, WI. 53234-0192

Tel # (414) 475-8851

Fax # (414) 475-8074

Email mendoza@milwaukee.k12.wi.us

Wisconsin Association for Bilingual Education Registration Form

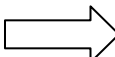
Two Day Conference: March 23 & March 24, 2012

For Additional Guest Meals Only

<p>A check for the amount must be submitted with the registration form.</p>	<p>Banquet @ \$35.00 X _____ = _____</p>
	<p>Breakfast @\$15.00 X _____ = _____</p>
	<p>Lunch @ \$20.00 X _____ = _____</p>
<p>Adults Only No children at the Banquet</p>	

Guest Name _____

Choices

(Breakfast same selection for everyone)  _____ Breakfast Buffet

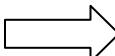
Lunch: _____ Chicken Marsala _____ Beef medallions Mondovi _____ Spinach Cheese Ravioli

Dinner: _____ Breast Chicken _____ Roast Sliced Turkey _____ Creamy Pesto Tortellini

Viennese

Guest Name _____

Choices

(Breakfast same selection for everyone)  _____ Breakfast Buffet

Lunch: _____ Chicken Marsala _____ Beef medallions Mondovi _____ Spinach Cheese Ravioli

Dinner: _____ Breast Chicken _____ Roast Sliced Turkey _____ Creamy Pesto Tortellini

Viennese

Wisconsin Association for Bilingual Education Conference

Conference Dates: March 23 & 24, 2012
(Cutoff date for the room block February 17, 2012)

Conference Attendees Run of House Rates:

Friday, March 23 and Saturday, March 24: \$119 per night

Guest Room with Two Queen sized Beds can accommodate up to 6 people

Guest Room with One King Size Bed are limited

RESERVATION PROCEDURE/INDIVIDUAL RESERVATIONS:

Reservations can be made by calling the toll-free Reservations Department at **1-855-482-8790** no later February 17, 2012. Resort Services accepts the following cards:

Visa / MasterCard / American Express / Discover

Preferred Method: Individuals paying for room, tax, and incidentals charges will be required to furnish a deposit equal to the first night room rate plus tax.

Reservation cancellations: individuals paying for their room, tax and incidental charges or supplying a group rooming list must be sure cancellations are received by 11:00am 3 days prior to the arrival date to receive a refund of the deposit. Cancellations by phone outside the 3-day cancellation period receiving a deposit refund will receive a cancellation number. Reservations made during the 3-day cancellation period are non-refundable.

Purchase Order: Purchase order and check should include names of guests, confirmation number, arrival and departure date and school information. A current copy of the WI State Tax Exempt Certificate or Continuous Form can be faxed with the purchase order to (608) 254-4157 or the can be mailed to:

Kelly Nelson
Chula Vista Resort
P.O. Box 30
2501 N. River Road
Wisconsin Dells, WI 53965



CUT OFF DATE: 2/17/2012. After this date, rooms not covered by a rooming list or individual reservation shall be released from Group's room block and Hotel may contract with other parties for the use of such rooms. Hotel will continue to accept reservations from Group's attendees after that date at the group room rate, subject to availability

CHECK-IN/OUT TIME:

Please advise your guests that check-in time is **4:00 PM** and check-out time is **10:30 AM**. Guests arriving prior to **4:00 PM** will be assigned accommodations as they become available.

Chula Vista Resort and Conference Center Exhibit Checklist

Conference Name: WIABE 2012
 Contact Name:
 Conference Date (s): March 23 & March 24

Vendor Name:
 Contact Phone:
 Vendor Email:

Exhibit Needs

Quantity	Item	Cost/Day	Total Cost/Day
	26" Video Monitor	\$50.00	
	VHS Player	\$30.00	
	Video Monitor Cart	\$30.00	
	DVD Player	\$45.00	
	LCD Projector	\$200.00	
	5ft x 5 ft Tripod	\$20.00	
	10ft x 10ft Floor	\$50.00	
	Wired Handheld Microphone	\$30.00	
	Wireless Handheld Microphone	\$75.00	
	Wireless Lavalier	\$75.00	
	Audio Mixer	\$50.00	
	Full Duplex Conference Phone	\$75.00	
	Fee for Hookup into In House Sound	\$50.00	
	CD Player	\$30.00	
	Portable Boom Box	\$30.00	
	Lighting Call for Details		
	Podium	\$30.00	
	Tripod Easel	\$15.00	
	Flip Chart w/Pad of 50 sheets	\$35.00	
	Photo Copies	.20 ea	
	Internet Per Line	\$34.95	
		TOTAL	\$
		X _____	\$
		days	
		5.0% tax	\$
		___ Boxes	\$
		@ \$1.00/box	
		Grand Total	\$

Notes:

There is a service charge on all Equipment Rentals. Only Chula Vista personnel may set-up rented equipment and patch into house PA systems. Equipment ordered within 7 days of the event is not guaranteed and may be subject to additional rental fees. All pricing is per day except where noted. Additional labor charges apply for extensive setups and final layouts.

Shipping and Receiving Rates

Inbound Receiving (All boxes and packages)

All parcels subject to handling fees.* Services include: receiving, handling, storage, and delivery to event.

BOXES	HANDLING FEES	STORAGE FEES Flat Rate per Day
1 - 5	\$12.00 Each	\$25.00
6 - 10	10.00 Each	35.00
11-20	7.00 Each	50.00
21-50	7.00 Each	75.00
51-UP	5.00 Each	75.00
Crate/Pallet	25.00 Each	50.00

*Fork Lift Usage Fees 25.00

Outbound Shipping (All parcels shipped by Chula Vista)

Parcels left on property for more than 1 day after scheduled event subject to handling, storage, shipping and/or COD fees.*

Services include: pick-up from event, storage, and shipment to destination with preferred carrier.

BOXES	HANDLING FEES +Individual Carrier Fees	STORAGE FEES Flat Rate per Day
1 - 5	\$12.00 Each	\$25.00
6 - 10	10.00 Each	35.00
11-20	7.00 Each	50.00
21-50	7.00 Each	75.00
51-UP	5.00 Each	75.00
Crate/Pallet	25.00 Each	50.00

*Fork Lift Usage Fees 25.00

Legal/Small Envelopes 5.00 Each

Consolidated or Associated Freight

Carrier Fees PLUS \$5.00. * Fork Lift usage fees additional if applicable

All additional services required or requested upon arrival will be billed to event, personal account, or billed to individual guestroom.

Please mail all packages to:

Guest Name, Conference Name
c/o Chula Vista Resort,
PO Box 30, 2501 River Road
Wisconsin Dells, WI 53965

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March 23-March 24, 2012
Chula Vista Resort
2501 River Road
P.O. Box 30
Wisconsin Dells, WI 53965

Publishers/Vendor Registration Form

Name of Company	
Sales Representative/s	
Fax #	
Day Phone #	
Evening Phone #	
e-mail address	
Number of Tables Needed	(\$100..00 per table)
Please make check payable to	WIABE

Please submit this form and payment no later than Friday March 2, 2012 to:

Santa Griego, Treasurer
WIABE
PO Box 340192
Milwaukee, Wisconsin 53234-0192
Tel # (414) 902-9861
Fax # (414) 475-8074
griegosx@milwaukee.k12.wi.us
www.wiabe.org