

Exhibitors/Vendors



**WIABE
2010 Conference
In
Sheboygan, Wisconsin
On
April 30 & May 1, 2010**



WIABE 2010
April 30 & May 1, 2010

ADVERTISING CONTRACT FOR CONFERENCE PROGRAM

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)

\$50

CONTACT PERSON TO WHOM CORRESPONENCE 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: Wanda Varela-Katz, WIABE Board Member – 414-304-6700 or email: varelawi@milwaukee.k12.wi.us

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

DEADLINE

Contracts and artwork materials for inclusion in the **WIABE 2010 Conference Program Book**
Must be received by **Friday, April 2, 2010 No Exceptions**

**Wisconsin Association for Bilingual Education Conference
WIAB E
April 30 – May 1, 2010
Blue Harbor Resort
725 Blue Harbor Drive
Sheboygan, Wisconsin 53081**

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 April 2, 2010 to:

Gloria González, Treasurer
WIABE
PO Box 340192
Milwaukee, Wisconsin 53234-0192
Tel # (414) 475-8400
Fax # (414) 475-8879
gonzalga@milwaukee.k12.wi.us
www.wiabe.org



Blue Harbor Resort and Conference Center
725 Blue Harbor Drive
Sheboygan, Wisconsin 53081
PH: 920-452-2900
1-866-709-1941

**Wisconsin Association of Bilingual Education Conference
VENDOR HOTEL REGISTRATION FORM**

Conference Dates: April 30-May 1, 2010
(Cutoff date for the room block March 31, 2010)

Note: One form for each guestroom reservation

Arrival Date: _____ Departure Date: _____

School or Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact: _____ Contact Phone: _____

Number of Adults: _____ Number of Children: _____

Adult Guest Name: _____ Share with Adult Guest Name: _____

Run of House Rates: \$119 Friday & Saturday nights

____ Guest Room with Two Queen sized Beds

____ Guest Room with One King Size Bed (limited avlb)

Group rates in run of house suites are up six occupants for run of house suites; boathouse suites up to seven occupants, loft suites 8 occupants, Captain's Suites 8 occupants, Presidentials up to 10 occupants. 4 waterpark passes will be distributed for run of house suites; 6 for lofts suites & Captain's Suite; 10 for Presidential Suites. Additional waterpark passes are available for \$15 per waterpark pass per day.

RESERVATION PROCEDURE/INDIVIDUAL RESERVATIONS:

Reservations can be made by calling the toll-free Reservations Department at **1-866-701-2583** by 3/29/2010.

VENDOR BLOCK: Identify as members of the Group, with **Reservation # 7A91P4.**
Wisconsin Association for Bilingual Education (WIABE)

Preferred Method: All reservations must be guaranteed by a first night room deposit or guaranteed with a major credit card. Each individual has up to 72 hours prior to arrival date to cancel the individual room with a \$25.00 cancellation fee per room. If the individual cancels the room within 72 hours of the arrival date, 100% of the first night's room rate plus tax will be charged to the individual's credit card or taken from the deposit. This cancellation clause applies only to the cancellation by an individual of a room.

Guests making reservations with a credit card deposit can also make their reservation by visiting www.blueharborresort.com. Click to the "Reservations" page, and then enter the dates, number of guests and the group code: **#7A91P4 Vendor Block**.

CHECK-IN/OUT TIME:

Check-in time is **4:00 PM** and check-out time is **11:00 AM**. Guests arriving prior to **4:00 PM** will be assigned accommodations as they become available.

ROOM RATES:

Resort suite rates are subject to \$5.00 per night Resort Services Fee plus applicable state and local taxes (Currently 13%).

Resort Services Fee includes unlimited access to high speed, wireless internet service; USA Today newspaper; local and outgoing 800 telephone calls; in-room coffee, unlimited access to Ship Shape Fitness Center and incoming/outgoing facsimile service.

Group rates in run of house suites are up to quad occupancy, adults or families.

Visa Mastercard American Express Discover

Credit Card Number _____ Expiration Date _____

Purchase Order # (from school) _____

Purchase Order: Reservations can be guaranteed with a purchase order for payment upon arrival. Purchase order and check should include names of guests (confirmation number if available), arrival/departure date and school information. A current copy of the Tax Exempt information/certificate should also be sent with purchase order.

Tax Exempt Number _____

Fax completed forms and tax exempt certificate to: 920-457-9804

or

Mail completed forms to:
Attention: Group Reservations WIABE
Blue Harbor Resort and Conference Center
725 Blue Harbor Drive
Sheboygan, Wisconsin 53081

Wisconsin Association for Bilingual Education
31 years of WIABE Registration Form
Two Day Conference: April 30 & May 1, 2010

PRE-registration Fees: (Postmarked / Faxed on or before February 5, 2010)

\$150.00	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 Anniversary Shirt Please specify Adult Size: ___S ___M ___L ___XL ___XXL ___XXXL
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LATE Registration Fees:
(Postmarked / Faxed after February 5, 2010)

\$175.00	This includes late 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, and exhibitors
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ON SITE Registration Fees

\$200.00	This includes on site registration materials, Friday Teacher of the Year, Opening Ceremonies & Reception, Saturday workshop sessions, keynote speaker, meals and banquet event, membership to WIABE for one year, and exhibitors.
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Please write the amount in the boxes below and total amount that you are sending.

PRE-registration fee \$150.00 (If sent or faxed on or before Friday, February 5, 2010)	\$
LATE registration fee \$175.00 (If sent or faxed AFTER Friday, February 5, 2009)	\$
ON SITE Registration fee \$200.00	\$
Total amount enclosed	\$

***Please select one for Lunch and one for Dinner**

(Breakfast same selection for everyone) _____ Breakfast

Lunch: _____ Grilled Chicken Salad _____ Prime Rib Sandwich

Dinner: _____ Herb Roasted Chicken _____ Braised Beef Tips _____ Veggie

*Exhibitors only

Wisconsin Association for Bilingual Education
31 years of WIABE Registration Form
Two Day Conference: April 30 & May 1, 2010

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 ()

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

e-mail

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:

Gloria González – Treasurer

WIABE

PO Box 340192

Milwaukee, WI. 53234-0192

Tel # (414) 475-8400

Fax # (414) 475-8879

Email gonzalga@milwaukee.k12.wi.us

www.wiabe.org

*exhibitors only

Wisconsin Association for Bilingual Education
31 years of WIABE Registration Form
Two Day Conference: April 30 & May 1, 2010

For Additional Guest Meals Only

<p>Please fill this area if you are bringing a guest to the breakfast, lunch or evening banquet. A check for the amount must be submitted with the registration form. Waiting till the conference does not guarantee your guest a meal</p>	<p>Banquet @ \$35.00 X _____ = _____</p> <p>Breakfast @\$15.00 X _____ = _____</p> <p>Lunch @\$20.00 X _____ = _____</p> <p style="text-align: center;">Adults Only No children at the Banquet</p>
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Guest Name _____

Choices

(Breakfast same selection for everyone) _____ Breakfast

Lunch: _____ Grilled Chicken Salad _____ Prime Rib Sandwich

Dinner: _____ Herb Roasted Chicken _____ Braised Beef Tips _____ Veggie

Guest Name _____

Choices

(Breakfast same selection for everyone) _____ Breakfast

Lunch: _____ Grilled Chicken Salad _____ Prime Rib Sandwich

Dinner: _____ Herb Roasted Chicken _____ Braised Beef Tips _____ Veggie

*Exhibitors only

Blue Harbor Resort and Conference Center Exhibit Checklist

Conference Name: WIABE 2010
 Contact Name:
 Conference Date (s): April 30-May 1, 2010

Vendor Name:
 Contact Phone:
 Vendor Email:

Exhibit Needs

Quantity	Item	Cost/Day	Total Cost/Day
	Phone Line (Local & long distance charges apply)	\$35.00	\$
	Extension Cord	\$10.00	
	Power Strip	\$10.00	
	TV/VCR or TV/DVD	\$100.00	\$
	TV Cart	\$35.00	
	Easel (s)	\$15.00	\$
		TOTAL	\$
		X _____ days	\$
		5.0% tax	\$
		___ Boxes @ \$1.00/box	\$
		Grand Total	\$

Notes:

Packages *A box handling charge of \$1/box will be assessed.

Blue Harbor Resort and Conference Center will accept packages no sooner than 3 business days prior to your event. Please include the following information on each box when shipping them:

Blue Harbor Resort and Conference Center

ATTN: Heidi Cerdas Monge

WIABE Conference 2010

Exhibitor Name

Box ___ of ___

725 Blue Harbor Drive

Sheboygan, Wisconsin 53081

Blue Harbor Resort and Conference Center would be happy to assist in sending your packages out at the end of the function. All boxes need to be taped and labeled. The Banquet Manager can provide you with the appropriate UPS or FedEx forms. If you are using an alternative shipping provider, please let the Banquet Manager know the expected pickup time of your packages before you leave.

Payment Information

Payment is due along with this order. We accept credit card payment or charges can be billed to a guestroom if staying at the hotel. All charges are non-refundable. Please select payment method:

Credit Card Payment

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Please bill above charges to Mr(s) _____ Guestroom

Please Email or fax completed form to: Heidi Cerdas Monge hcerdas@blueharborresort.com or 920-457-9804 (Fax).

Forms must be received no later than April 16, 2010. No forms will be accepted after this date.



WIABE Membership Registration
(WIABE Membership runs annually)
PLEASE PRINT CLEARLY!

Name: _____

Address: _____

City: State: Zip: _____

Affiliation (School, Company): _____

Phones: Work: () _____ Home: () _____ Fax: () _____

Email: _____

Interests: Check all applicable

Preschool ___ Elementary ___ Middle ___ Secondary ___ Higher Ed ___ Parent/Caregiver ___

Refugee's ___ Tech College ___ Adult Basic Ed ___ Technology ___ Bilingual Ed ___

Program Administration ___ Other _____

___ Check here if you do NOT want your name included on the annual WIABE web page.

MEMBERSHIP FEES:

Regular Membership

(\$25.00 - 1 year - Full year membership includes staff development, social gatherings, informative emails and other WIABE events.

Full-time Students or parent/caregiver (not an MPS employee)

(\$15.00 - 1 year - Full year membership includes staff development, social gatherings informative emails and other WIABE events.

AMOUNT ENCLOSED \$ _____

NOTE: Student MUST BE VERIFIED BY ADVISOR or SUPERVISOR

Verified by: _____ **Date:** _____

Make check payable to **WIABE** and mail to:

Mildred Olson, Membership Secretary
P.O. Box 340192
Milwaukee, WI 53234-0192

Any questions?
email: mildredo@boysgirlsclubs.org

WIABE USE ONLY

Date Received _____

Check No. _____

Revised 9-08