



# WISCONSIN SCHOOL BUS ASSOCIATION

## 2025 Annual WSBA Convention & Trade Show

### EXHIBITOR REGISTRATION FORM

[ONLINE REGISTRATION](#)

**Exhibit Set-Up: Booths:** Tuesday: 7:00 am – 11:00 am;  
**Buses/Equipment Spaces:** Outside, Mon all day & Tue a.m.

**Trade Show Hours:** Tuesday, June 17 ~ 12:00 – 4:00 pm

**Location:** [Chula Vista Resort](#), 1000 Chula Vista Pkwy, Wisconsin Dells, 53965, P: 608-254-8366

**Note:** Only Associate Members whose 2025 dues are paid in full are eligible to display at the Trade Show.

**Booths include:** 8' x 8' space. Back & Side drapes, (1) 8' skirted table, (2) chairs, electricity upon request

**Bus spaces are outside the Convention Center in North parking lot.**

ALL EXHIBITING PERSONNEL MUST BE REGISTERED FOR THE CONVENTION  
REGISTRATION BADGE MUST BE WORN AT ALL CONVENTION ACTIVITIES

#### EXHIBIT AREA RESERVATION & ADVERTISING OPTIONS BELOW:

<b>___ Display Booth (1-34)</b> Booth choice #1 _____ Booth choice #2 _____	<b>By March 31:</b> \$499 Interior; \$549 Corner <b>By April 30:</b> \$550 Interior; \$600 Corner <b>After April 30:</b> \$599 Interior; \$649 Corner	\$ _____ <b>Includes (1) registration.</b> Additional attendees must register.
<b>___ Outside Bus/Equipment Space</b>  Reserve # _____ of spaces Parking is in Bennett Tower (North) parking lot near the Convention Center.	<b>By April 30:</b> 1 <sup>st</sup> Space: \$450 2 <sup>nd</sup> : \$300 <b>After April 30:</b> 1 <sup>st</sup> Space: \$550 2 <sup>nd</sup> : \$400  1st Space includes (1) registration fee. Additional exhibitors must register (use Convention Registration form)	\$ _____
<b>___ Advertise in the Convention Program</b>	<b>\$75 - 1/2 page</b> <b>\$150 - full page</b> 4" H x 5.5" W      8" H x 5.5" W <b>Email ad by June 3 – jpg, png or pdf</b>	\$ _____

Refunds not available after May 31.

**TOTAL \$** \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

PRODUCT **description for directory** \_\_\_\_\_

CORRESPONDENCE TO BE SENT TO: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Charge option: Credit Card#: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Sec.#: \_\_\_\_\_ CC Zip Code: \_\_\_\_\_

*Note: CC payments have an additional 3.5% processing fee*

PERSONNEL NAME(S): Send separately via email if more than 3 (Provide names no later than **May 30**)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Total payment MUST ACCOMPANY THIS FORM** Send with Payment of **check or credit card** info to:

Wisconsin School Bus Association (WSBA) \* **3980 River Rd, Wisconsin Dells, WI 53965**

**Email:** [Cherie@wi-sba.org](mailto:Cherie@wi-sba.org)

**Phone:** 608.514.5470

[www.wi-sba.org](http://www.wi-sba.org)