

# NON-MEMBER REGISTRATION FORM

MARCH 8-9, 2025, 10AM-4PM DAILY UW-PARKSIDE FRANK J. PETRETTI FIELDHOUSE

### **BUSINESS DETAILS**

business / organization	name	
street address		
city	state	zip
phone	fax	
web address		
contact person		
contact person email (bo	ooth confirmation will be sent	to this address)
any specials, promotions	s or giveaways during expo?	

#### **GREAT KENOSHA RAFFLE**

The Great Kenosha Raffle is held annually at the Kenosha Expo, to benefit the Kenosha Area Chamber of Commerce Foundation College Scholarship Fund. All donations will be listed on <a href="www.kenoshaexpo.com">www.kenoshaexpo.com</a> along with a link to your website and posted at the event. Thank you for donating!

item one value

Please drop off the item(s) by noon on Friday, February 21, 2025.

#### **BOOTH PRICING STRUCTURE**

Non-member pricing includes 1-year membership with the Kenosha Area Chamber of Commerce. Please fill out second page of registration form to complete your Chamber membership.

	Earlybird*	Regular
O Endcap Booth	\$1570	\$1770
O Standard Booth	\$870	\$920
O Additional Booths	\$50 off each additiona	l regular booth
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<sup>\*</sup>Form and payment must be received by December 31, 2024 to qualify for Earlybird pricing.

TOTAL	
Additional Booths / Sponsorship	
Booth Cost	

## **EXHIBITOR BOOTH SELECTION**

View available booths at kenoshaexpo.com/vendors

Booth request will be assigned upon full payment. Please include your two preferred booths in case a booth has already been assigned. Electricity, a table and two chairs are included for all booth registrations. Hanging signs are not included with your booth registration.

first choice	second choice	

#### **PAYMENT**

If your business is unable to attend the 2025 Kenosha Expo, please cancel by 4:00pm on February 21, 2025. *No refunds will be given if a cancellation is made after this date.* **Remit payment to: Kenosha Area Chamber of Commerce.** 

cardholder name as listed on card	exp.date
credit card number	security code
cardholder billing address	
cardholder signature	date



# **MEMBERSHIP APPLICATION** — REQUIRED

We look forward to welcoming you as a member of the Kenosha Area Chamber of Commerce!

COMPANY INFORMATION		BILLING ADDRESS		
business / organization name		street address		
street address		city	state zip	
city state zip		billing email (invoices will be set	nt to this address)	
	O this is a residential address; do not publish			
phone		CONTACT INFORMA	ATION	
website				
		ceo/president/owner name	title	
main email				
		chamber representative	email	
date established	total employees (full/part time)			
		ACCOUNT INFORMA	ATION	
MARKETING DES	CRIPTION			
for our online directory (max. 75 words); attach a 2nd page if needed.		<b>Membership Investment Schedule:</b> Dues shall be paid annually or monthly. Membership will be automatically renewed unless cancelled by written request.		
		and payment, the Board of C bi-monthly meeting. At that mission of the applying orgar	cess: Upon completion of the application prectors will approve memberships at their time, the Board will determine whether the hization is in keeping with the mission of the are non-refundable and non-transferable.	
		applicant signature	date	
		CONTACT INFORMA	ATION	
		Make checks out to: Kenosha Email form to: info@kenosha Mail payment / form to: 600		