



# Wisconsin Society of Addiction Medicine

## Virtual Exhibit Hall

The Wisconsin Society of Addiction Medicine would like to invite your organization to take part in our Virtual Exhibit Hall and Marketing Package. Sign up by [clicking here](#), or complete the registration form below.

### Exhibit Page - \$1,000

Your participation includes the following promotional benefits:

- Exhibitors will be listed on a VEH landing page;
- Each Exhibitor will have a dedicated “booth” in the exhibit hall to showcase information about your company’s product and services (each booth has capacity to display your logo, up to three images and/or videos, and up to three pdf documents);
- The VEH will be visible not only to registered conference attendees, but to everyone who visits the WISAM website;
- The VEH will be prominently featured on our home page and will remain “open” 24/7 through the end of the calendar year;
- WISAM will highlight its VEH exhibitors through social media

### Registration

Please [click here](#) to register online or complete the registration form below and send to WISAM@badgerbay.co (not .com). Once you complete the registration form and payment, a WISAM staff member will reach out to you to collect information for your virtual exhibit booth.

### Sample Website

Looking for a visual example of how the virtual exhibit hall will work? Please view the sample website by [clicking here](#).

### Questions?

If you have any additional questions, please reach out to the WISAM office directly at WISAM@badgerbay.co (not .com) or call us at 920-750-7727.

## Registration Information

#### Contact Information:

Company Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

\_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ Location/State: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

#### Method of Payment:

Visa

Mastercard

Discover

Amex

Check #: \_\_\_\_\_

Card Number: \_\_\_\_\_

Address on Billing Statement: \_\_\_\_\_

\_\_\_\_\_

Name on Card \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV: \_\_\_\_\_

### The Wisconsin Society of Addiction Medicine

563 Carter Ct. Suite B, Kimberly, WI 54136

Fax: 920-882-3655 | Phone: 920-750-7727

Email: WISAM@badgerbay.co | Website: [www.wisam-asam.org/](http://www.wisam-asam.org/)