

The 2025 Wisconsin Elevator Symposium Lake Geneva, WI September 25<sup>th</sup>-26<sup>th</sup>, 2025



#### HOTEL INFORMATION

The symposium will be held at:

**Grand Geneva Resort** 7036 Grand Geneva Way Lake Geneva, WI 53147

The hotel boasts gorgeous scenery, restaurant and bar,

fitness center, horseback riding, golf course, skiing, and

more!

Room rates are \$189.00 and fees per night.

*Reservations must be made by TBD. Call 855-833-5345 to make reservations. Group Code: pending* 

Or use the link for online.- Pending

#### **RETURN COMPLETED REGISTRATION**

Join NAESA International and the

Wisconsin Department of Safety and

Professional Services for a 2-day

educational symposium for inspectors,

mechanics, consultants and others in the

elevator industry. This will be the 19th

Annual Wisconsin Symposium and the

14<sup>th</sup> hosted by NAESA. It's designed to fulfill education requirements for both

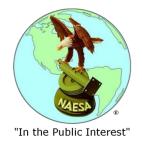
Certified QEI Inspectors and Wisconsin

State inspectors and mechanics.

FORM TO: NAESA International PO Box 4367 Mankato, MN 56002 Fax: 360-292-4973 Email: mandy@naesai.org

2025 WISCONSIN SYMPOSIUM REGISTRATION FORM					
First Name:	Last Name:	ame:			
Address:	City:	State:	Zip:		
Phone:	Email:	Email:			
Employer:					
Cert # (if applicable):	Wisconsin ID #	Wisconsin ID # (if applicable):			
<b>REGISTRATION FEE:</b>	\$275 Includes all education	tion sessions, exl	nibit hall access, food		
on both	days and 1 ticket to the Ev	ening Reception			
Payment By: 🖵 Visa	MasterCard AmEx	Discover Ch	eck $\square$ MO		
Credit Card #:		CVV:	Expires:		
Name on Card:		Billing Zip Coo	Billing Zip Code:		
Signature:		Date:	Date:		

Registration is also available at www.naesai.org



## 2025 Wisconsin Elevator Symposium Lake Geneva, WI September 25-26, 2025



## **EXHIBITOR CONTRACT**

PLEASE COMPLETE ALL INFORMATION BELOW							
Company / Jurisdiction:							
First Name:	Last Name:	ast Name:					
Additional Person:							
Company Address:							
Phone:	Fax:	Cell:					
Email Address:	Email Address:						
Description of Product or Service:							
Signature:			Date:				
INFORMATION			Cost	Qty	Total		
Price includes 1 table and 2 chairs. B Hour are included for 2 people. Exhi Friday. PLEASE NOTE: Electrical powe required, please contact the hotel di	\$750 USD						
PAYMENT METHOD - Payment is due with a signed contract.							
Visa MasterCa	rd AmEx	Discover	Check		MO		
Card #:		CVV:	Expiration:				
Name on Card:			Billing Zip Code	:			
Signature:			Date:				

Make checks payable to NAESA International.

#### Return completed form and payment to:

NAESA International P.O. Box 4367 *Mankato, MN 56002* Fax: 360-292-4973 Email: <u>megan@naesai.org</u> Phone: 360-292-4968



### 2025 Wisconsin

### **Elevator Symposium**

Lake Geneva, WI



#### September 25-26, 2025

# **SPONSORSHIP CONTRACT**

First Name:	Last Name:			
Company / Jurisdiction:				
My company is sponsoring	I am personally sponsoring			
Address:	City, State, Zip:			
Phone:	Fax:			
Email:				
Signature	Date			

#### **SPONSORSHIP OPPORTUNITIES**

C	AMOUNT			
Platinum	\$1,000 and up	Evening Reception	\$	
Gold	\$525 - \$999	Lunch	\$	
Silver	\$325 - \$525	Breakfast	\$	
Bronze	Up to \$325	Break	\$	
Sponsors will be recognized with a poster board set up at the event being sponsored. Sponsors will also be acknowledged in the meeting room and verbally throughout the symposium.				

PAYMENT INFORMATION							
Туре:	🖵 Visa	MasterCard	🖵 AmEx	Discover Check		к 🔲 мо	
Credit C	ard #:				Exp:		CVV:
Name on Card: Billing Zip:							
Signatu	re				Date		

SEND CONTRACT AND PAYMENT TO:

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