



# The 2025 Wisconsin Elevator Symposium

## Lake Geneva, WI

September 25<sup>th</sup>-26<sup>th</sup>, 2025



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.

### RETURN COMPLETED REGISTRATION FORM TO: NAESA International

PO Box 4367  
Mankato, MN 56002  
Fax: 360-292-4973  
Email: [mandy@naesai.org](mailto:mandy@naesai.org)

### 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 +tax 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***

## 2025 WISCONSIN SYMPOSIUM REGISTRATION FORM

First Name:		Last Name:	
Address:	City:	State:	Zip:
Phone:	Email:		
Employer:			
Cert # (if applicable):		Wisconsin ID # (if applicable):	
<b>REGISTRATION FEE: \$275</b> Includes all education sessions, exhibit hall access, food on both days and 1 ticket to the Evening Reception.			
Payment By: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AmEx <input type="checkbox"/> Discover <input type="checkbox"/> Check <input type="checkbox"/> MO			
Credit Card #:		CVV:	Expires:
Name on Card:		Billing Zip Code:	
Signature:		Date:	

Registration is also available at [www.naesai.org](http://www.naesai.org)



"In the Public Interest"

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



## EXHIBITOR CONTRACT

PLEASE COMPLETE ALL INFORMATION BELOW			
Company / Jurisdiction:			
First Name:		Last Name:	
Additional Person:			
Company Address:		City, State, Zip:	
Phone:	Fax:	Cell:	
Email Address:			
Description of Product or Service:			
Signature:		Date:	
<b>INFORMATION</b>		<b>Cost</b>	<b>Qty Total</b>
Price includes 1 8ft table and 2 chairs. Breakfast, breaks and the Social Hour are included for 2 people. Exhibits will be open Thursday and Friday. PLEASE NOTE: Electrical power supply is not included. If required, please contact the hotel directly.		<b>\$750 USD</b>	
<b>PAYMENT METHOD - Payment is due with signed contract.</b>			
Visa	MasterCard	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: [megan@naesai.org](mailto:megan@naesai.org) Phone: 360-292-4968

*\*\*Attendee contact list available upon request*



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## SPONSORSHIP CONTRACT

<b>First Name:</b>	<b>Last Name:</b>
<b>Company / Jurisdiction:</b>	
<input type="checkbox"/> My company is sponsoring	<input type="checkbox"/> I am personally sponsoring
<b>Address:</b>	<b>City, State, Zip:</b>
<b>Phone:</b>	<b>Fax:</b>
<b>Email:</b>	
<b>Signature</b>	<b>Date</b>

## SPONSORSHIP OPPORTUNITIES

CHOOSE SPONSOR LEVEL			AMOUNT
<input type="checkbox"/> Cigars	\$ 2,000	Cigar Rolling	\$
<input type="checkbox"/> Platinum	\$1,000 and up	Evening Reception	\$
<input type="checkbox"/> Gold	\$525 - \$999	Lunch	\$
<input type="checkbox"/> Silver	\$325 - \$525	Breakfast	\$
<input type="checkbox"/> 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								
<b>Type:</b>	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AmEx	<input type="checkbox"/> Discover	<input type="checkbox"/> Check	<input type="checkbox"/> MO		
<b>Credit Card #:</b>	<b>Exp:</b>		<b>CVV:</b>					
<b>Name on Card:</b>	<b>Billing Zip:</b>							
<b>Signature</b>	<b>Date</b>							

### SEND CONTRACT AND PAYMENT TO:

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