2025 Partners of WHA Conference Registration

Deadline, postmarked by September 8, 2025. Please PRINT or TYPE on form.

Name of Organization and Hospital:										**Contact Person:**			
Street Address:										**Email for Contact Person:**			
City:				**State:**				**Zip Code:**		**Phone Number of Contact Person:**			
		WORKSHOPS (Insert workshop number)				**MEALS INCLUDED (INDICATE Y/N MEALS YOU WILL ATTEND) *IMPORTANT FOR MEAL COUNTS***				**REGISTRATION FEES MEMBERS / NON-MEMBERS**			
Name & Position Held	**Voting Delegate Y/N (2 per group)**	**Tuesday (Two Sessions) (Stop the Bleed has a 10 person limit.)**		**Wednesday (Two Sessions) (Stop the Bleed has a 10 person limit.)**		**TUES Lunch**	**TUES Dinner**	**WED Brfst**	**WED Lunch**	**Full Conference**	**Guest Meals**	**Late Fee**	**TOTAL**
		1st Session	2nd Session	1st Session	2nd Session					$150 M $175 NM	$40	$25	
													$0
													$0
													$0
													$0
TOTALS:										$0	$0	$0	$0

SILENT AUCTION COMMITMENT VALUE (at least $40): $_____
DESCRIPTION:

HOSPITAL DISPLAY:
Yes No

CEO PANEL QUESTION:

SPECIAL DIETARY NEEDS:

TOPIC FOR ROUNDTABLES:

MOBILITY NEEDS:

REQUEST ATTENDEE & HOSPITAL AFFILIATION LIST:

MAY WE INCLUDE YOUR INFORMATION ON ATTENDEE & HOSPITAL AFFILIATION LIST:

*****CHECKS MADE PAYABLE TO: PARTNERS OF WHA*****

*****PAY BY CREDIT CARD*****

Name:_____ Phone Number:_____ Peg Larson will contact you for your card information

QUESTIONS: Call/Email Peg Larson at pegvoluntr@hotmail.com or 920-420-1482