

**PARTNERS OF WHA
MARY LICHT MEMORIAL SCHOLARSHIP**

Free REGISTRATION available for a **1st time attendee** to the Partners of WHA Conference
October 14-15, 2026, Stoney Creek Inn, Onalaska

NAME: _____

Address: _____

Telephone number: _____

Email: _____

Organization affiliation: _____

District: _____

Why are you interested in attending the Partners of WHA Conference: (50 words or less)

Form available on the Partners of WHA.org website. Send completed form or email form by **September 1, 2026** to:
Julie Steiner, State President
Partners of WHA
219 E South St.
Viroqua, WI 54665
steinerfam@mwt.net
608-606-0892 (C)

**PARTNERS OF WHA
MARY LICHT MEMORIAL SCHOLARSHIP**

Free REGISTRATION available for a **1st time attendee** to the Partners of WHA Conference
October 14-15, 2026, Stoney Creek Inn, Onalaska

NAME: _____

Address: _____

Telephone number: _____

Email: _____

Organization affiliation: _____

District: _____

Why are you interested in attending the Partners of WHA Conference: (50 words or less)

Form available on the Partners of WHA.org website. Send completed form or email form by **September 1, 2026** to:
Julie Steiner, State President
Partners of WHA
219 E South St.
Viroqua, WI 54665
steinerfam@mwt.net
608-606-0892 (C)