

# 2023 Partners of WHA Convention Registration

Deadline, Friday, September 8, 2023 or postmarked by September 8, 2023.  
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:		

Name & Position Held	Voting Delegate Y/N (2 per group)	WORKSHOPS (Insert workshop number)					MEALS INCLUDED (INDICATE Y/N MEALS YOU WILL ATTEND) <b>*IMPORTANT FOR MEAL COUNTS*</b>					REGISTRATION FEES MEMBERS / NON-MEMBERS					TOTAL
		Tuesday (One Session)		Wednesday (One Session)			TUES Dinner	WED Brfst	WED Lunch	WED Dinner	THUR Brfst	Conf Full	Tues Only	Wed Only	Guest Meals	Late Fee	
		1st Choice	2nd choice	1st Choice	2nd choice	3rd choice											
											\$150 M \$175 NM	\$95 M \$105 NM	\$95 M \$105 NM	\$35	\$25		
																\$0	
																\$0	
																\$0	
																\$0	
																\$0	
																\$0	
																\$0	
<b>TOTALS:</b>											\$0	\$0	\$0	\$0	\$0	\$0	

SILENT AUCTION COMMITMENT VALUE (at least \$40): \$ _____ DESCRIPTION:  SPECIAL DIETARY NEEDS:  MOBILITY NEEDS:	HOSPITAL DISPLAY: Yes      No	CEO PANEL QUESTION:
REQUEST ATTENDEE & HOSPITAL AFFILIATION LIST: YES NO	MAY WE INCLUDE YOUR INFORMATION ON ATTENDEE & HOSPITAL AFFILIATION LIST: Yes No	

<b>***CHECKS MADE PAYABLE TO: PARTNERS OF WHA***</b>  <b>***PAY BY CREDIT CARD***      \$5 Service Fee PER Registrant</b> Name: _____ Phone Number: _____ John Tully will contact you for your card information  <b>QUESTIONS: Call/Email Betty Oddo 715-559-8021 bettybro43@gmail.com</b>	<b>SEND PAYMENT AND REGISTRATION TO:</b> <b>St. Joseph's Hospital</b> <b>Attn: Volunteer Services</b> <b>2661 County Highway I</b> <b>Chippewa Falls WI 54729</b>
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