

2022 Partners of WHA Convention Registration

Deadline, Thursday, September 1, 2022 or postmarked by September 1, 2022.
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) *IMPORTANT FOR MEAL COUNTS*					REGISTRATION FEES MEMBERS / NON-MEMBERS					TOTAL
		Tuesday (One Session)		Wednesday (Two Sessions)			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	0	0	0	0						\$0
							0	0	0	0	0						\$0
							0	0	0	0	0						\$0
							0	0	0	0	0						\$0
							0	0	0	0	0						\$0
							0	0	0	0	0						\$0
							0	0	0	0	0						\$0
TOTALS:							0	0	0	0	0	\$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

CHECKS MADE PAYABLE TO: PARTNERS OF WHA ***MAIL REGISTRATION & CHECKS TO*** WEISSENBERGER, 4210 FRANK CT., LACROSSE, WI 54601-8006	QUESTIONS? PATSY PIPPIN: pat8apippin@gmail.com 608-375-2474 and/or IVA MULHERN iijmulhern@mchsi.com319-551-9561
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