2026 Partners of WHA State Conference Registration

Deadline, postmarked by September 11, 2026. Please PRINT or TYPE on form.

Name of Partners Organization and Affiliated Hospital:			**Contact Person Name:**
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)**	**Wednesday (Two Sessions)**		**Thursday (Two Sessions)**		**WED Lunch**	**WED Dinner**	**THUR Lunch**		**Full Conf**	**One Day**	**Guest Meals**	**Late Fee**	**TOTAL**
		1st Session	2nd Session	1st Session	2nd Session					$150 M $175 NM	$95	$40	$25	
TOTALS:														

SILENT AUCTION COMMITMENT VALUE (minimum value $40): $_____
DESCRIPTION:

HOSPITAL DISPLAY: Yes No

CEO PANEL QUESTION:

SPECIAL DIETARY NEEDS:

ROUNDTABLE TOPICS:

MOBILITY NEEDS:

REQUEST ATTENDEE & HOSPITAL AFFILIATION LIST? YES / NO

MAY WE INCLUDE YOUR INFORMATION ON ATTENDEE & HOSPITAL AFFILIATION LIST? YES / NO

Partners of WHA prefers registrations be paid by credit card.

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

You will be contacted for your credit card information.

Name _____ Phone Number _____

****If you prefer to pay by check, MAKE CHECKS PAYABLE TO: PARTNERS OF WHA****

send to: Gundersen Partners, Attn: State Conference Chairs, 2204 Tom Anderson Street, Bangor, WI 54614

QUESTIONS: Email whaconf2026@gmail.com or call Linda Arentz, Conference Co-Chair, 608-498-3307