

WI-CARH'S 2017 Annual Meeting & Conference

Sponsor/Exhibitor Registration Form

Yes, I/we would like to be a **SPONSOR**

Please check your level of sponsorship:

- EDUCATIONAL PARTNER \$650.00
 GOLD SPONSOR \$500.00
 SILVER SPONSOR \$300.00

- Exhibit table needed? Yes No

Yes, I/we would like to be an **EXHIBITOR** for \$250...*space is limited!*
(*WI-CARH Associate Members receive 50% off)

Yes, I/we would like **ONE additional attendee** to staff our exhibit for \$50 (complimentary for Educational Partner)

Yes, I/we will need **electricity** at our exhibit table. I understand there is an additional cost of \$50.

Total Sponsor/Exhibitor Fees:

Sponsor:	\$
Exhibitor:	\$
Additional Attendee:	\$
Electricity:	\$
Total Enclosed:	\$

Please make check payable to WI-CARH and mail to:

WI-CARH
P.O. Box 346
Cottage Grove, WI 53527

Please submit by September 30, 2017

Cancellation Policy

No monies will be refunded after October 7, 2017. All cancellations must be in writing.

Name of 1 complimentary attendee/title: _____
(Please list name & title as it should appear on name badge)

Vegetarian Meal? Yes No

Additional attendee/title: _____
(Please list name & title as it should appear on name badge)

Vegetarian Meal? Yes No

Organization: _____
(Please list company name as it should appear on signage/materials)

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Telephone: _____ E-Mail: _____

Website: _____

Any questions, please contact April Forer at the WI-CARH office (608) 437-2300 or info@wicarh.org