## Volunteers

## Our Everyday Heroes



North Central and Northwestern Districts host the

## **Partners of WHA Convention**

## **2018 Partners of WHA Convention Registration**

Deadline: Friday, September 7, 2018 Please Print Name of Organization & Hospital: Contact Person: Street Address: E-mail for Contact Person: City: State & Zip: Contact Phone #: s Sharing vening (Y/N) Meals are all included in registration. Please Registration Fees Voting Delegate Y/N (2 per group) (Insert class number) help us plan seating by indicating if you will be eating Wednesday (Y or N). Members Non-Members Other Tuesday Two Sessions Conf. Only Only Conf. Only Only Tues Wed Guest Wed Wed Thurs Late Fee Meals WAVE Intsall choice \$95 \$105 Name & Position Held Bkfast \$150 \$95 \$175 \$105 \$35 Total Dinner Totals Silent Auction Commitment: Value (at least \$40) \$\_ Description of Item: Will your hospital have a display? Trivia Ouestion & Answer: Special dietary or mobility needs: Would you like a list of those who attend and what hospital they are affiliated with? May we list you? N2660 Row Road
Please Return This Form & Your Payment to: Ramona Hornischer, W2660 Row Road, Merrill, WI 54452. Questions? 715-539-3720