



**May 19, 2017
CEO/Trustee Educational Meeting**

Hospital Name: _____

Participants Name(s) as you want them to appear on name badge:

Registration includes: Meeting materials, breakfast and lunch on May 19

There is no fee to attend, but you must register for the meeting

Please return forms to:
2005 Warren Avenue, Cheyenne, WY 82001
Fax - 307-632-9347
e-mail – rose@wyohospitals.com

Questions can be addressed to 307-632-9344