

**WYOMING HOSPITAL ASSOCIATION**

**August 30, 2023**

**Cheyenne, Wyoming**

ORGANIZATION: \_\_\_\_\_

(Type or print name as it should appear on Convention materials)

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

Name & Title of those staffing your booth: (Registration is for two (2) Attendees)

Name \_\_\_\_\_

E-mail address: \_\_\_\_\_

Booths will be assigned on a first come, first assigned basis. — Please send your company logo to [rose@wyohospitals.com](mailto:rose@wyohospitals.com)

**Please provide 15-20 word description of the product or service of your organization**

We hereby agree to attend the 2023 WHA Annual Convention. We understand that if we cancel any time before August 1, 2023, that WHA will retain \$50 of the exhibitor entry fee . Any cancelations after August 1, 2023 no refund will be issued by WHA. If paying by credit card and a refund is issued, please be advised that the credit card fees will be deducted from your refund.

By: \_\_\_\_\_

Authorized Signature

Date

\_\_\_\_\_ Full Booth Exhibit Fee Enclosed \$1,000

\_\_\_\_\_ Advertising Fee - \$300.00

\_\_\_\_\_ Additional Tickets for Attendees (\$100.00) - Please attach list of names.

\_\_\_\_\_ Sponsorship (Please also complete Sponsorship Form)

\_\_\_\_\_ TOTAL AMOUNT ENCLOSED (You may pay by check or PayPal on the WHA website)

\_\_\_\_\_ In order to better accommodate our vendors, this section must be completed if you have additional needs, i.e. electrical, Internet access, phone lines, or exhibits are larger than the 6x8 allotted space. (Additional fees may apply) Please describe your requirements below:

\_\_\_\_\_

