

# WI-CARH'S 2018 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 258098  
Madison, WI 53725

*Please submit by October 5, 2018*

### Cancellation Policy

No monies will be refunded after October 8, 2018. 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: \_\_\_\_\_