

WAHPC 2016 Annual Meeting and Conference Registration

Please submit one registration form for each address.
Registration fees for multiple attendees may be submitted in one payment, if desired.

Name of Attendee

Commission Name

Street Address or P.O. Box

City State Zip code

Phone number Email Address

Registration Fee: Member @ \$50 Non-member @ \$60

Late Fee (after April 8th) @ \$10

Exhibitor Table (includes one full conference registration) @ \$100

Name for Exhibitor Table

Any dietary restrictions

Send this form with check payable to:
WAHPC
P.O. Box 166
Winneconne, WI 54986

For questions, please contact:
admin@WisconsinAHPC.org
or
Gene Hackbarth at (920) 227-7878