WIANA SPRING EDUCATIONAL MEETING

EXHIBITOR/SPONSOR REGISTRATION FORM

March 14-16, 2025

Exhibit Hours: Friday, March 14 (Friday Night Reception) - Vendors must be set-up by 3:00 p.m. & Saturday, March 15 (Breakfast & Mid Morning Break)

c **STANDARD BOOTH** **$400**
Includes a vendor table at the Friday evening reception and Saturday breakfast and break.

c **CORPORATE SPONSORSHIP** – two available **$800**
Includes a vendor table, special recognition at the event, and a half page ad in one edition of the event program.

c **EXECUTIVE SPONSORSHIP** - two available **$1,000**
Includes a vendor table special recognition at the event, an ad in the meeting program, and an ad posting on the WIANA website for six (6) months.

Company: _____
Contact: _____
Representative(s): _____
Address: _____
City/State/ZIP: _____
Telephone: _____ Email: _____

PAYMENT INFORMATION:

Do you require electricity?
c **YES** c **NO**

____ Enclosed is a check for _____ payable to WIANA
____ Please charge my Visa/Mastercard (Only) - TOTAL: $ _____

The Full Billing Address associated with the credit card MUST accompany the card number.
Card No: _____ Exp. Date: _____ 3-Digit Code: _____
Address: _____
City/State/ZIP _____

Fax, mail or e-mail registration to: *Wisconsin Association Nurse Anesthetists (WIANA),* 11801 W. Silver Spring Drive, Suite 200, Milwaukee, WI 53225 **Phone:** 414-755-3364, **FAX:** 414-464-0850, E-mail: kristin@wamllc.net