



# VENDOR APPLICATION

## WISCONSIN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES

Vendor Application

Yes, we would like to participate in the WSGNA Spring Conference to be held

Saturday March 25th, 2017

Holiday Inn Riverfront - Milwaukee

**Company:**

\_\_\_\_\_

**Contact Person:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone /Cell:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Name(s) of Company Representative(s) attending:**

1. \_\_\_\_\_ **Ph:** \_\_\_\_\_

2. \_\_\_\_\_ **Ph:** \_\_\_\_\_

**Special Needs for exhibit space:**

Electrical outlet needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Other needs:

\_\_\_\_\_

### SPONSORSHIP LEVEL:

\_\_\_\_\_ **Platinum** \$1000 -Includes one Premier table space; WSGNA online (eNews, website) recognition, special mention (subtotal A).

\_\_\_\_\_ **Gold** \$750 -Includes one Select table space; WSGNA online (eNews, website) recognition, special mention (subtotal A).

\_\_\_\_\_ **Standard** \$500 -Includes one Designated table; WSGNA online (eNews, website) recognition, special mention (subtotal A).

**SUBTOTAL A:** \_\_\_\_\_

**WSGNA Education/Sponsorship Fund: B:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_ (Subtotals A+B)

Payment must be received no later than March 5th, 2017

**Please make your check payable to WSGNA**

Send to:

Margaret Hauser-Ullman

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Port Washington, WI 53074

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