



WISCONSIN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES

VENDOR APPLICATION

WISCONSIN SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES

Vendor Application

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

Saturday September 23, 2017

Grand Geneva Resort and Spa, Lake Geneva, WI

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** \$1500 -Includes one Premier table space; WSGNA online (eNews, Website) recognition, special mention (subtotal A). **ONLY 4 Tables Available**

_____ **Standard** \$750 -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 September 1, 2017

Please make your check payable to WSGNA

Send to:

Lori Benstead

841 Teutonia Dr

Burlington, WI 53105