

Wyoming Society of Healthcare Engineering **WSHE**

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VENDOR REGISTRATION FOR SPRING MEETING MAY 17-18, 2017 **Location: Holiday Inn at Buffalo Bill Resort, Cody, Wyoming**

Mail Registration to: Wyoming Society of Healthcare Engineering
Attn: Rod Gleason, Powell Valley Healthcare
777 Ave H
Powell, WY. 82435

Make Checks Payable to: Wyoming Society of Healthcare Engineering

Registration Fee: \$250.00 per space. We encourage you to reserve your space early, as a limited number are available. **Exhibit spaces will be reserved only upon receipt of payment, and will be issued on a first come, first served basis. Please RSVP BY April 15, 2017.**

Registration Form:

Company Name: _____

Representative Name(s): _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Special space needs: electricity, etc. _____

I would like to donate a door prize Yes No

I would like to help sponsor the Exhibitors Luncheon \$250, Breakfast \$150, or Coffee Breaks \$75

Amount of \$ _____ (Special recognition will be given)

Amount Enclosed: \$ _____

Thank you for your support. We look forward to seeing you at the spring meeting in Cody.

