

Registration Form

WHA Advocacy Day: April 13, 2010

Online registration is now available at www.wha.org

There is no registration fee to attend WHA's Advocacy Day.

Please duplicate form as needed. List names as you wish them to appear on nametags. Please print clearly.

Please note: Your **HOME** address is needed to ensure that you are scheduled to meet with your correct legislator. WHA will schedule all legislative visits for you. Your e-mail address or fax number is required for registration confirmation purposes only.

Organization _____

Street address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Name _____ Title _____

E-mail _____

Home street address _____

City _____ State _____ Zip _____

I plan to visit my legislator on April 13. Yes No

Name _____ Title _____

E-mail _____

Home street address _____

City _____ State _____ Zip _____

I plan to visit my legislator on April 13. Yes No

Name _____ Title _____

E-mail _____

Home street address _____

City _____ State _____ Zip _____

I plan to visit my legislator on April 13. Yes No

Name _____ Title _____

E-mail _____

Home street address _____

City _____ State _____ Zip _____

I plan to visit my legislator on April 13. Yes No

Registration Deadline: April 2, 2010

Register online at www.wha.org

OR

Send your completed registration form to:

Wisconsin Hospital Association, Attn: Lisa Littel, P.O. Box 259038, Madison, WI 53725-9038

Phone: 608-274-1820; Fax: 608-274-8554; Email: llittel@wha.org