

**The Wisconsin Health Care Employee Pride Program
Submission Form**

Please complete and return this form along with your honored employee's signed application to WHA by **March 27, 2009**. Their story **MUST** be emailed to snelson@wha.org as a Microsoft Word document.

Honored Employee _____

Employee's Job Title _____

Hospital Name _____

Hospital Address _____

City, State, Zip _____

Hospital Contact person _____

Title _____

Address (if different from above) _____

Phone Number _____

Email Address _____

Don't forget – the deadline to make hotel reservations is April 10!

Fax or email this form **by March 27** to Shannon Nelson at WHA

Fax: 608-274-8554

Email: snelson@wha.org