



1961-2011

Wisconsin Medical Credit Association's
50th Anniversary Conference and Celebration
Best Western Bridgewood Resort, Neenah, WI
August 10-12, 2011



1961-2011

Sponsorship Registration Form

Company _____
Contact Person _____
Email: _____
Phone Number _____

Sponsorship Level
____ Gold Sponsorship \$750.00
____ Silver Sponsorship \$500.00
____ Bronze Sponsorship \$250.00

I will be donating for the Raffle Prize Drawing
____ Door Prize
____ Cash Donation (Amount): _____

Conference Educational Session Attendee-(Gold and Bronze include 1)

Name: _____
Title: _____
Email address: _____

Vendor Faire Passes—(Gold includes 2, Silver includes 1)

Name: _____
Title: _____
Email address: _____

Name: _____
Title: _____
Email address: _____

Total Amount Enclosed: _____

Please return this registration form along with your check by **August 1st, 2011** to:

**Wisconsin Medical Credit Association
PO Box 1507
Waukesha, WI 53187**

If you have questions or needs for your booth, please contact Suzanne Pontow from Bestwestern Bridgewood Resort at 920-967-4350 ext. 5036. Suzanne is responsible for coordinating our event and will be happy to provide any assistance you need.

The vendor faire hall will be available for set-up at 2:00 on Thursday, August 11th and booths must be taken down that evening.

Thank you for your support! We look forward to seeing you at the conference.

If there are additional individuals from your organization who would like to attend the conference educational sessions, above that which are included in your sponsorship package, a separate conference registration form must be completed and sent in along with the associated fee. A Brochure, which includes a registration form, is available online at www.wmcaweb.org on the Events Page.