



1961-2011

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



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Vendor Registration Form

Company _____
Contact Person _____
Email: _____
Phone Number _____

Vendor Faire Booth Registration Fee:

_____ \$250 for Members
_____ \$350 for Non-Members

I will be donating for the Friday Raffle Prize Drawing:

_____ Cash Donation (Amount): _____
_____ Door Prize

Vendor Faire Passes-those who will be staffing your booth (limit 2):

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.

Registration for the conference educational sessions is a separate registration form!

A Brochure, which includes a registration form, is available online at www.wmcaweb.org on the Events Page.