



WPSA Vendor Registration Form

Name of Organization: _____

Address of Organization: _____

Contact at Organization: _____

Phone # and email: _____

Current WPSA Member: Yes No (please circle one)

Member – free booth + door prize (\$25 value)

Non-member - \$50 booth + door prize (25 value)

WPSA vendor booth consists of a: 6 or 8 foot/3 feet deep skirted table – Your preference: 6 foot or 8 foot (circle one)

Please indicate which day or days you would like to have your table at the conference:

____ Thursday ____ Friday ____ Both

Any special accommodations for your vendor table? _____

Please return this form and check for Vendor space to:

WPSA
c/o Mo Thao-Lee
Universal Home Health Care, Inc.
933 Erie Ave., Suite 9
Sheboygan, WI 53081

****first come first serve for vendor tables as there is limited space****