

Exhibit Space Application
Wisconsin Association of Healthcare Quality
Friday, March 13, 2009

At the Crowne Plaza in Madison, Wisconsin

Wisconsin Association of Healthcare Quality
C/o Sheryl Krueger Dix
1647 North 123 Street Street
Wauwatosa, WI 53226
Office phone at (414) 805-2801
email address: sdix@froedtertcommunityhealth.org

\$250 per tabletop booth

Name of organization: _____ Contact person: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Email address: _____

Please list the names of the exhibitors who will be representing your company.

Please list the products you will be displaying

Please provide a short description of your product, related to Healthcare Quality:

_____ t)

Electric Outlet: _____ 120 _____ 220 _____ none

(There is a limited space. For security purposes, we ask that you not bring large equipment into the display area.)

(Must order at least one month prior to conference.)

If there are any companies that you prefer not to be placed next to your company's booth, please let us know:

- I would like to donate an item for the gift bag for conference participants (est. 140). Value: \$ _____
- I would be interested in sponsoring conference speakers or events for the value of: \$ _____
- I would be interested in sponsoring conference break or lunch at the conference for value of: \$ _____

Please make check payable to Wisconsin Association for Healthcare Quality

Accepted by: _____

(I have read the rules and regulations and understand they are part of the contract.)

We look forward to seeing you at our WAHQ conference. Check out our website: <http://www.WAHQ.org>