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**VENDOR REGISTRATION FOR '25 SPRING MEETING MAY 7-8**

**Location: Hampton Inn, Buffalo Wyoming**

Mail Registrations to:

Wyoming Society of Healthcare Engineering  
Attn: **Rob Forister, Sheridan Memorial Hospital**  
1401 W. 5<sup>th</sup> Street  
Sheridan, WY 82801

Or Email to:

[robertforister@sheridanhospital.org](mailto:robertforister@sheridanhospital.org)

Registration Fee:

\$350.00 per space. We encourage you to reserve your space early, as a limited number are available. **Exhibit spaces will be reserved only upon receipt of payment, and will be issued on a first come, first served basis.** Please **RSVP BY April 25, 2024**

Paying with a check? Make Checks Payable to:

Wyoming Society of Healthcare Engineering **(Credit Card payment option is available)**

**REGISTRATION FORM**

Company Name: \_\_\_\_\_

Representative Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Special space needs: electricity, etc. \_\_\_\_\_

I would like to donate a door prize Yes  No

I would like to help sponsor the exhibitor's luncheon, breakfast, or coffee breaks.  
Amount of \$ \_\_\_\_\_ **(Special recognition will be given)**

I would like to sponsor the Cornhole Tournament  
Cornhole Sponsor - \$250  
**Send your Company's Black and White logo to [clandry@atsfsi.com](mailto:clandry@atsfsi.com) for event marketing**

**Luncheon \$250.00**  
**Breakfast \$150.00**  
**Break \$75.00**

Amount Enclosed: \$ \_\_\_\_\_

**Thank you for your support. We look forward to seeing you at the Spring meeting in Buffalo**