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**VENDOR REGISTRATION FOR '23 SPRING MEETING MAY 11-12**

**Location: Holiday Inn @ Buffalo Bill Resort, Cody 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 15, 2023**

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 Cody**