



Wiregrass Human Resources Management Association

19th Annual Forum and Exhibitor Fair

Wednesday, November 14, 2018

Location: Alabama College of Osteopathic Medicine (ACOM)

445 Health Sciences Blvd., Dothan, AL 36303

SPONSOR / EXHIBITOR REGISTRATION FORM / INVOICE

To participate, return your registration form by noon, November 9, 2018.

CONTACT NAME:	
COMPANY NAME:	
ADDRESS:	
TELEPHONE:	
EMAIL:	
Company Description:	

SPONSORS: Please Check One:

<input type="checkbox"/> GOLD — \$750	<input type="checkbox"/> SILVER — \$500	<input type="checkbox"/> BRONZE — \$250
Includes: Prominent recognition in Key locations & on materials of the Forum. 1 Participant Registration.	Includes : Recognition in Key locations & on materials of the Forum. 1 Participant Registration.	Includes: Recognition on all Forum materials.

EXHIBITORS: Please Check One:

(Exhibitors should provide at least ONE Door Prize)

<input type="checkbox"/> GOLD — \$500	<input type="checkbox"/> SILVER — \$250	<input type="checkbox"/> BRONZE — \$150
Includes: Prominent recognition in Key locations & on materials of the Forum; 1 Exhibitor Table/2 Chairs; 2 Lunch tickets.	Includes : Recognition in Key locations & on materials of the Forum; 1 Exhibitor Table/2 Chairs; 2 Lunch tickets.	Includes: Recognition on all Forum materials; 1 Exhibitor Table/2 Chairs; 1 Lunch ticket.

- *Each participant will be given a card encouraging them to visit each Exhibitor to get their card marked. Participants visiting ALL Exhibitors will be entered to win Grand Prize drawing.*

PAYMENT METHOD:

- Check Enclosed: Payable to WHRMA and mailed to: PO Box 10397, Dothan, AL 36304
- Credit Card: ___Amex ___Discover ___MasterCard ___Visa

Name on Card: _____

Card Number: _____ Exp. Date: _____

(Credit Card payments may also be called in to Tracey Whiddon at 334-793-6855, Ext. 250)