



Juneau County Women's Health Initiative
presents the third annual

Women's Night Out

Tuesday, October 5, 2010 at Mauston High School

REGISTRATION FORM

I would like to:

exhibit only* (\$50 fee)

donate items for prizes and/or goody bags

description of prize(s): _____

total estimated value: \$ _____

if \$201 or more, would you like a complimentary exhibit space? YES* / NO

goody bag item description (must supply 600): _____

make a monetary contribution of \$ _____ (make checks payable to Mile Bluff Medical Center)
if \$201 or more, would you like a complimentary exhibit space? YES* / NO

Name of your organization: _____

Address: _____

Contact person: _____

Phone: _____ E-mail: _____

Signature _____

Please complete this form and

RETURN WITH PAYMENT BY AUGUST 16 TO RECEIVE AN EXHIBITORS BOOTH.

Mail to Norma Miller at Mile Bluff Medical Center, 1050 Division Street, Mauston, WI 53948.

**Someone will be contacting you to get specific details about your display.*