

**Lisa Hassenstab, Executive Director**  
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 Madison, WI 53703  
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## WCHSA Directory Order Form

**Order Date:** \_\_\_\_\_

**P.O. #:** \_\_\_\_\_  
 (If necessary)

**Billing Address**  
 PLEASE PRINT

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

Agency Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email: \_\_\_\_\_

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

**Shipping Address**

Check if same as billing address

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

Agency Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Quantity	2015 WCHSA Directory	Unit Price	Total
	If you <b><u>are not</u></b> a member of WCHSA, please use this line to order	<b>\$10.00</b>	
	If you <b><u>are</u></b> a member of WCHSA, please use this line to order	<b>\$7.00</b>	

**Please make checks payable to: WCHSA**

**Send order & check to** WCHSA, c/o Lisa Hassenstab, 612 W. Main St., Suite 200, Madison, WI 53703

**Orders can also be submitted by email to** [lhassenstab@wchsa.org](mailto:lhassenstab@wchsa.org); directories will be mailed when payment is received.

**Check if you want to be invoiced:**

**Thank you for your order!**

**Office Use Only:**

Pmt. Received: \_\_\_\_\_

Check No. \_\_\_\_\_

Amt of \_\_\_\_\_

Check: \_\_\_\_\_