



*Name: _____

Title: _____

Parent Company: _____

*Specific Facility (if different): _____

*Mailing Address: _____

* City: _____ *State: _____ *Zip: _____

*Phone: () _____ Fax: () _____

*E-mail: _____ Website: _____

**required field*

Additional Attendee Names: _____

Title: _____ Email: _____

Additional Attendee Names: _____

Title: _____ Email: _____

REGISTRATION

WALA Member: \$75.00

Non WALA Member: \$125.00

Diamond Participant: \$67.50

Diamond Accredited: \$56.25

Number of Attendees: _____

Total: \$ _____

Course Date:

<input type="checkbox"/> June 13, 2018 – Madison Community Living Alliance 1414 MacArthur Rd Madison, WI 53714	<input type="checkbox"/> June 14, 2018 – Plover (Stevens Point area) Best Western Hotel & Conference Center 5253 Harding Ave Plover, WI 54467
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Payment Information:

Visa MasterCard American Express Discover Check made out to WALA

Card Number: _____

Exp. Date: _____ Cardholders Name: _____

Fax or Mail Registration and Payment to:

WALA –Wisconsin Assisted Living Association, P.O. Box 7730, Madison, WI 53707-7730
 Phone: (608) 288-0246 • Fax: (608) 288-0734 • E-mail: info@ewala.org • Website: www.ewala.org

For Office Use Only			
Date Registration Received _____	Date Payment Received _____		
Name on Check/Card _____	_____		
Type of Payment/Check # _____	Amount Received _____	Date Entered QB _____	Date Entered YM _____