



*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

Current WALA Member: \$550

Non WALA Member: \$750

Diamond Participant: \$495

Diamond Accredited: \$412.50

Number of Attendees: _____ **Total: \$** _____

Course Dates:

April 24 – 26, 2018, Brookfield
Country Inn & Suites
1250 S. Moorland Road
Brookfield, WI 53005

November 6 – 8, 2018, Wausau
Fairfield Inn & Suites
7100 Stone Ridge Drive
Wausau, WI 54476

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 _____