

The Foundation of AL: Operations & Regulations: AFH  
Participant Registration Form



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

Title: \_\_\_\_\_

Parent Company: \_\_\_\_\_

\*Specific Facility (if different): \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

*\*required field*

Additional Attendee Name: \_\_\_\_\_

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

Additional Attendee Name: \_\_\_\_\_

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

**Registration:**

- Current WALA Member: \$150.00
- Non WALA Member: \$225.00
- Diamond Participant: \$135.00
- Diamond Accredited: \$112.50
- BUNDLE IT!** Add \$50 to registration fee to receive an AFH Compliance Worksheet!

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

**Course Dates:**

**AFH Specific**

**August 14, 2019; Milwaukee**  
Wilson Commons  
1400 Sonata Drive  
Milwaukee, WI 53221  
(Registration cut-off is 8/12/19)

**Payment Information:**

- Visa
- MasterCard
- American Express
- Discover
- Check made out to WALA

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholders Name: \_\_\_\_\_ CVV: \_\_\_\_\_

**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](mailto:info@ewala.org) • Website: [www.ewala.org](http://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 _____ |