



*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: \$110
- Non WALA Member: \$185
- Diamond Participant: \$99
- Diamond Accredited: \$82.50
- BUNDLE IT!** Add \$50 to registration fee to receive an ISPs & Assessments Compliance Strategies workbook!

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

Course Dates:

- June 6, 2019; Eau Claire**
Wissota Place
801 County Hwy I
Chippewa Falls, WI 54729
(Registration cut-off is 6/4/19)
- June 13, 2019; Neenah**
Valley VNA
1535 Lyon Drive
Neenah, WI 54956
(Registration cut-off is 6/11/19)
- June 20, 2019; Madison**
JP Morgan Conference Room in the WI Trade Center
8401 Greenway Blvd
Madison, WI 53562
(Registration cut-off is 6/18/19)

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 • 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 _____