



*Name: _____

Title: _____

Parent Company: _____

*Specific Facility (if different): _____

*Mailing Address: _____

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

*Phone: () _____ Fax: () _____

*E-mail: _____ Website: _____

**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:

May 22, 2019; Milwaukee
 CLA
 11414 W Park Place, 3rd Floor
 Milwaukee, WI 53224
(Registration cut-off is 5/20/19)

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 _____