



Registration Form

Date: _____

Event Type:	<input type="checkbox"/> WERCouncil <input type="checkbox"/> Seminar <input type="checkbox"/> Other	<input type="checkbox"/> Member <input type="checkbox"/> Non-member
Event:		
Name:		ID Number:
Company:		
Email:		Phone:
Type of Payment:	<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Amex	Exp. Date:
CC number:		
Name on Card:		\$Price:
CC Billing Address:		

Signature: _____

Additional Person 1:				
<input type="checkbox"/> Mem <input type="checkbox"/> Non-mem	<i>First</i>	<i>Last</i>	<i>Email</i>	<i>Phone</i>
	<i>Zip Code</i>			
Additional Person 2:				
<input type="checkbox"/> Mem <input type="checkbox"/> Non-mem	<i>First</i>	<i>Last</i>	<i>Email</i>	<i>Phone</i>
	<i>Zip Code</i>			
Additional Person 3:				
<input type="checkbox"/> Mem <input type="checkbox"/> Non-mem	<i>First</i>	<i>Last</i>	<i>Email</i>	<i>Phone</i>
	<i>Zip Code</i>			
Additional Person 4:				
<input type="checkbox"/> Mem <input type="checkbox"/> Non-mem	<i>First</i>	<i>Last</i>	<i>Email</i>	<i>Phone</i>
	<i>Zip Code</i>			
Additional Person 5:				
<input type="checkbox"/> Mem <input type="checkbox"/> Non-mem	<i>First</i>	<i>Last</i>	<i>Email</i>	<i>Phone</i>
	<i>Zip Code</i>			

SEND COMPLETED FORM TO: Fax- 630.990.0256 Email- pdockins@werc.org **TOTAL**

Notes: (Office Use Only)	
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