WCA EDUCATION & EVENTS

Registration Form

Course Name _____ Date _____ Price _____

Course Name _____ Date _____ Price _____

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Find Pricing Online

Attendee Contact Details

Name _____ WCA Member Y / N

Clinic Name: _____

Address: _____

City: _____ State _____ Zip: _____

Email: _____ Phone: _____

Payment Details

Credit Card: VISA / MC / DISCOVER / AMEX **Check #** _____

AMOUNT DUE

Credit card number: _____ Exp: Sec. Code:

Name on card: _____

Billing address on card: _____

Cancellations incur a $20 admin fee. No refunds or changes less than 48 hours prior to the start of the event. Email registration@wichiro.org to request a refund.

Online: wichiro.org/events
Fax: 608-256-7123
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Madison, WI 53704

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