



*Name: _____
 Title: _____
 Parent Company: _____
 *Specific Facility (if different): _____
 *Mailing Address: _____
 * City: _____ *State: _____ *Zip: _____
 *Phone: () _____ Fax: () _____
 *E-mail: _____ Website: _____
 *required field

Additional Attendee Names: _____
 Title: _____ Email: _____

Additional Attendee Names: _____
 Title: _____ Email: _____

REGISTRATION

- Current WALA Member: \$550
- Non WALA Member: \$750
- Diamond Participant Member: \$495
- Diamond Accredited Member: \$412.50

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

Course Dates:

- April 24 – 26, 2018, Brookfield**
 Country Inn & Suites
 1250 S. Moorland Road
 Brookfield, WI 53005
- November 6 – 8, 2018, Wausau**
 Fairfield Inn & Suites
 7100 Stone Ridge Drive
 Wausau, WI 54476

Payment Information:

- Visa MasterCard American Express Discover Check made out to WALA

Card Number: _____

Exp. Date: _____ Cardholders Name: _____

How did you hear about this educational event?

- Direct Mail
- Word of mouth
- WALA promotional email blast
- WALA website
- Internet search
- A non-WALA educational event
 List name of event: _____

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 _____ |