



# Conference Registration Form

**Registration and fee must be received  
no later than April 7, 2022.**

Date: \_\_\_\_\_  WFAPA Member     Non-WFAPA Member

Participant's Name: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

County You Are Licensed With (**REQUIRED**): \_\_\_\_\_

Is this your first conference?     Yes     No

I am bringing a first time attendee  Yes     No    If yes, Name: \_\_\_\_\_

Conference Registration includes workshops, hospitality room and meals on Saturday. Complimentary breakfast is available at the hotel. Buffett meals will be served at lunch and at the banquet. If you have any dietary restrictions, please call Tracey at 715-560-0755 so she may make proper food arrangements for you.

Complimentary Breakfast	Lunch Buffett	Supper Buffett	Conference Registration
# of Conference Attendees _____	# of Conf. Attendees _____	# of Conf. Attendees _____	# of WFAPA Members _____
# of Non-Participants _____	# of Non-Participants _____	# of Non-Participants _____	# of Non-Members _____
Cost: Free	Cost: \$10.00 Non-Participants	\$20.00 Per Participant	Member's Cost \$65.00 each Non-Member's Cost: \$75.00 each
Amount Owed: <u>\$0.00</u>	Amount Owed: \$ _____ .00	Amount Owed: \$ _____ .00	Amount Owed: \$ _____ .00

**Total Amount Owed: \$ \_\_\_\_\_ .00**

**No childcare is available for this conference.** Due to the sensitive nature of many of our discussions, children are discouraged from being present in training sessions. Infants are welcome, but please be sensitive to other attendees by removing fussy or noisy babies.

You can make secure payments with your Debit/Credit Card on our website, [www.wfapa.org](http://www.wfapa.org). If you prefer to pay by check, please make check payable to WFAPA CONFERENCE and mail your payment to Tina Christopherson, 2616 Parkridge Avenue, Marinette, WI 54143. If you have any questions or concerns, please email Tina at [twfapa@new.rr.com](mailto:twfapa@new.rr.com). There will be a \$20.00 service fee for all checks returned for insufficient funds. There are no refunds.

I grant permission for WFAPA to use my personal image (photo) and name in any form of media for promotional and any other lawful purposes. WFAPA acknowledges that the images may be used on the organization's website, Facebook, social media, flyers, publications, and that there will be NO payment for the use of the photographs, names or any other forms of media for promotional purposes. This releases the WFAPA from any infringement or violation of personal and/or property rights of any sort whatsoever based upon the use of your photo(s), and further acknowledges that WFAPA is not obliged to use the photographs.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Participant's Signature** **Date**