

## REGISTRATION FOR CONFERENCE & MEALS

### Hotel Reservations are made directly with the Heidel House

Telephone: 920-294-3344 or 1-800-444-2812 Room rates guaranteed only until September 17.

Rooms are at the state/federal employee rate: Single \$70 / Double \$92 / Additional over double occupancy \$15 each

You must provide a state issued tax exemption number to get these rates. We will provide this for student & retired chaplains.

Name \_\_\_\_\_ Institution \_\_\_\_\_

Address [home/work address] \_\_\_\_\_

Phone [home/work] \_\_\_\_\_

E-mail \_\_\_\_\_ Denomination/Religion \_\_\_\_\_

*Non-chaplain spouses, significant others, life-partners, and family may attend by only paying for meals and lodging.*

### PROFESSIONAL REGISTRATION INCLUDING MEALS, BANQUET & BREAKS

\$ \_\_\_\_\_ Full Conference **\$250** or prior to Oct. 1 save \$50 and pay only **\$200**

\$ \_\_\_\_\_ Monday only **\$150** or prior to Oct. 1 save \$15 and pay only **\$135**

### STUDENT / RETIRED REGISTRATION INCLUDING MEALS, BANQUET & BREAKS

\$ \_\_\_\_\_ **\$170** or prior to Oct. 1 save \$50 and pay only **\$120**

**FOR SPECIAL DIET OR CERTIFIED KOSHER MEALS CONTACT CHAPLAIN JOHN FROILAND AT 608-373-6339 OR JJfroiland@cedarcrestnet.com PRIOR TO 10/1**

### NON-CHAPLAIN MEALS

\$ \_\_\_\_\_ Meal Package **\$100** (Sunday supper – Tuesday lunch)

\$ \_\_\_\_\_ Monday meals and banquet only **\$50**

\$ \_\_\_\_\_ Banquet only **\$25**

\$ \_\_\_\_\_ **SUB-TOTAL OF REGISTRATION & MEALS**

\$ \_\_\_\_\_ **LESS \$25 IF YOU ARE A 2009 WCA MEMBER**

\$ \_\_\_\_\_ **TOTAL ENCLOSED** (registration for chaplains & meals for non-chaplains)

*Cancellations prior to 10/1 are subject to a \$25 cancellation fee. No refunds are possible after 10/1.*

Check enclosed payable to Wisconsin Chaplaincy Association.

Please charge my:  Discover Card (16 digits)  Master Card (16 digits)  Visa Card (13-16 digits)

Name on card: \_\_\_\_\_

Card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_ V-Code #: \_\_\_\_\_ (last 3-digit # on signature panel on back of card)

**Receipts for registration will be sent to the e-mail address provided above.**

My employer requires an invoice for payment. **Please provide a PO # (if needed) and the e-mail or mail address to send the invoice to:**

Purchase order #: \_\_\_\_\_ (if needed)

Company name: \_\_\_\_\_

Direct invoice to a specific person/department: \_\_\_\_\_

**Invoices will be sent by e-mail whenever possible**

E-Mail or Street Address: \_\_\_\_\_

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

**Mail Completed Registration to: Wisconsin Chaplaincy Association, Inc. • 7105 Brindley Circle • Madison, WI 53719**