

REGISTRATION FOR 2011 CONFERENCE AND MEALS

Name _____ Institution _____
Address _____
Phone _____ E-mail _____
Denomination/Religion _____ Name as you want it for name tag _____

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 **\$275** or prior to October 1 save \$50 and pay only **\$225**

\$ _____ Monday only **\$175** or prior to October 1 save \$15 and pay only **\$160**

STUDENT/RETIRED REGISTRATION INCLUDING MEALS, BANQUET & BREAKS

\$ _____ **\$195** or prior to October 1 save \$50 and pay only **\$145**

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

NON-CHAPLAIN MEALS

\$ _____ Meal Package **\$125** (Sunday supper – Tuesday lunch)

\$ _____ Monday meals and banquet only - **\$60**

\$ _____ Banquet only - **\$30**

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

\$ _____ **LESS \$25 IF YOU ARE A 2011 WCA MEMBER**

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

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

► **Hotel reservations are made directly with the Heidel House: 920-294-3344 or 1-800-444-2812** ◀

Room rates 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. Room rates guaranteed only until September 16.*

___ 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. 7137 S. Luther Valley Rd., Beloit, WI 53511

You may pay using PayPal. Directions on website: wchaplains.org