



2019 WLWCA/WOWRA Joint Winter Conference

January 24-25, 2019

Chula Vista Resort • Wisconsin Dells, WI

ATTENDEE REGISTRATION FORM

REGISTRATION INFORMATION

- Full Registration** Includes Thursday programs (excluding pre-conference) and exhibits/reception; Friday programs, and meals. DOES NOT include the Pre-Conference session.
- Pre-Conference** Includes Thursday lunch and pre-conference session. Pre-conference attendees are welcome to attend the Thursday exhibits/reception.
- Meals Only** Guest meals for those not attending conference sessions.

REGISTRATION FEES

Event	Member		Non-Member	
	By Dec. 31, 2018	After Dec. 31, 2018	By Dec. 31, 2018	After Dec. 31, 2018
Pre-Conference <i>(Thursday, January 24)</i>	\$100	\$125	\$125	\$150
Full Conference	\$150	\$175	\$250	\$275
One-Day (TH or FR)	\$100	\$125	\$150	\$175
Pre-Conference + Full Conference	\$250	\$300	\$375	\$425
Meals Only <i>(TH Reception, FR Breakfast & FR Lunch)</i>	\$40	\$50	\$40	\$50
***CANCELLATION FEE: A \$75 cancellation fee will be charged to registrations cancelled after January 18, 2019.				

HOTEL INFORMATION



Chula Vista Resort
2501 River Road, Wisconsin Dells, WI 53965
Reservations: 866-976-7579, mention Booking ID **E44869**
chulavistaresort.com

Cut-off Date: January 11, 2019

Rates

- Standard Rooms \$109.00 + tax per night (Wed/Thur) and \$129.00 + tax per night (Fri/Sat)
- 2-bedroom Condo starting at \$179.00 + tax per night
- 3-bedroom Condo starting at \$278.00 + tax per night

WOWRA/WLWCA Joint Winter Conference

PO Box 833 | Germantown, WI 53022 • Phone: 888-782-6815 • info@wlwca.com

Visit www.wlwca.com to see the agenda, register online and pay by credit card!

ATTENDEE REGISTRATION

First Company Attendee

Name: _____		Special Needs (dietary or accessibility):	
Member Type:	<input type="checkbox"/> WLWCA Member	<input type="checkbox"/> Non-Member	
Company: _____			
Address: _____			
Phone: _____	Email: _____		
OpCert # _____	DSPS Customer ID: _____		
Registration	<i>If attending preconference, choose session:</i> <input type="checkbox"/> Master Operator <input type="checkbox"/> POWTS Maintainer Qualifier <i>If attending One Day Only, choose day:</i> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Member			
by 12/31/18	<input type="checkbox"/> Pre-Conf. Only \$100	<input type="checkbox"/> Full-Conf. \$150	<input type="checkbox"/> One Day ONLY \$100 <input type="checkbox"/> Pre-Conf. + Full Conf. \$250
after 12/31/18	<input type="checkbox"/> Pre-Conf. Only \$125	<input type="checkbox"/> Full-Conf. \$175	<input type="checkbox"/> One Day ONLY \$125 <input type="checkbox"/> Pre-Conf. + Full Conf. \$300
Non-Member			
by 12/31/18	<input type="checkbox"/> Pre-Conf. Only \$125	<input type="checkbox"/> Full-Conf. \$250	<input type="checkbox"/> One Day ONLY \$150 <input type="checkbox"/> Pre-Conf. + Full Conf. \$375
after 12/31/18	<input type="checkbox"/> Pre-Conf. Only \$150	<input type="checkbox"/> Full-Conf. \$275	<input type="checkbox"/> One Day ONLY \$175 <input type="checkbox"/> Pre-Conf. + Full Conf. \$425

Additional Attendees (add additional pages if needed)

Name: _____		Special Needs (dietary or accessibility):	
OpCert #:	DSPS Customer ID: _____		
Email: _____			
Registration	<i>If attending preconference, choose session:</i> <input type="checkbox"/> Master Operator <input type="checkbox"/> POWTS Maintainer Qualifier <i>If attending One Day Only, choose day:</i> <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Member			
by 12/31/18	<input type="checkbox"/> Pre-Conf. Only \$100	<input type="checkbox"/> Full-Conf. \$150	<input type="checkbox"/> One Day ONLY \$100 <input type="checkbox"/> Pre-Conf. + Full Conf. \$250 <input type="checkbox"/> Meals Only \$40
after 12/31/18	<input type="checkbox"/> Pre-Conf. Only \$125	<input type="checkbox"/> Full-Conf. \$175	<input type="checkbox"/> One Day ONLY \$125 <input type="checkbox"/> Pre-Conf. + Full Conf. \$300 <input type="checkbox"/> Meals Only \$50
Non-Member			
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after 12/31/18	<input type="checkbox"/> Pre-Conf. Only \$150	<input type="checkbox"/> Full-Conf. \$275	<input type="checkbox"/> One Day ONLY \$175 <input type="checkbox"/> Pre-Conf. + Full Conf. \$425 <input type="checkbox"/> Meals Only \$50

Name: _____		Special Needs (dietary or accessibility):	
OpCert #:	DSPS Customer ID: _____		
Email: _____			
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after 12/31/18	<input type="checkbox"/> Pre-Conf. Only \$150	<input type="checkbox"/> Full-Conf. \$275	<input type="checkbox"/> One Day ONLY \$175 <input type="checkbox"/> Pre-Conf. + Full Conf. \$425 <input type="checkbox"/> Meals Only \$50

TOTAL AMOUNT DUE (for all attendees) \$ _____

Submit with Full Payment to WLWCA | PO Box 833 | Germantown, WI 53022

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