



2022 WLWCA/WOWRA Joint Winter Conference

January 13-14, 2022

Chula Vista Resort • Wisconsin Dells, WI

ATTENDEE REGISTRATION FORM

REGISTRATION INFORMATION

One Day Only Includes lunch, Thursday programs, exhibits and reception

OR

Breakfast, Friday programs, and lunch.

Both Days Includes Thursday lunch, programing, exhibits, reception, Friday breakfast, programing and lunch.

Meals Only Guest meals for those not attending conference sessions.

REGISTRATION FEES

Event	Member		Non-Member	
	By Dec. 31, 2021	After Dec. 31, 2021	By Dec. 31, 2021	After Dec. 31, 2021
One Day Only (either day)	\$110	\$130	\$135	\$155
Both Days	\$175	\$195	\$220	\$240
Guest - Meals Only <i>(TH lunch, Reception; FR Breakfast & Lunch)</i>	\$40/day	\$40/day	\$40/day	\$40/day
***CANCELLATION FEE: A \$75 cancellation fee will be charged to registrations cancelled after January 5, 2022.				

HOTEL INFORMATION



Chula Vista Resort

2501 River Road, Wisconsin Dells, WI 53965

Reservations: 866-976-7579, mention Booking ID **I06651**

chulavistaresort.com

Cut-off Date: December 23, 2021

Rates

Junior Tower Suite:

109.00 + tax per night (Wed/Thur)

\$129.00 + tax per night (Fri)

WLWCA/WOWRA 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

Name: _____ Special Needs (dietary or accessibility): _____
 Member Type: WLWCA Member Non-Member
 Company: _____
 Address _____
 Phone: _____ Email: _____
 OpCert # _____ DSPS Customer ID: _____

Registration: **Thursday** (please check one):
 Master Operator Class
 General Conference

Friday

Both Days (please check one for Thurs):
 Master Operator Class
 General Conference

	Member		Non-Member	
	by 12/31/21	after 12/31/21	by 12/31/21	after 12/31/21
One Day Only (either Day)	\$110	\$130	\$135	\$155
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Guest Meals (Not attending sessions)	\$40/day	\$40/day	\$40/day	\$40/day

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Payment Method (check one)

Mastercard Visa Amex Discover Check (payable to WLWCA)

Name (as it appears on card) _____

Card No. _____

Expiration Date _____ Security Code _____

Billing Address _____

City, State, Zip _____

TOTAL AMOUNT DUE (for all attendees) \$ _____

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