



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@wowra.com

Visit www.wowra.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"/> WOWRA 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 | |
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TOTAL AMOUNT DUE (for all attendees) \$ _____

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

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