

Please Register Online: www.rsawisconsin.org

Please circle one course number for each time period:

Wed. 11:00 am - 12:30 pm	1	11	21	31	36
Wed. 2:30 - 3:30 pm	2	12	22	32	37
Wed. 4:00 - 5:00 pm	3	13	23	33	38
Thurs. 8:00 - 9:00 am	4	14	24	33	39
Thurs. 9:15 - 10:15 am	5	15	25	33	40
Thurs. 10:30 - 11:30 am	6	16	26	33	41
Thurs. 1:00 - 2:30 pm	7	17	27	34	42
Thurs. 3:00 - 4:30 pm	8	18	28	34	43
Fri. 8:00 am-9:30 am	9	19	29	35	44
Fri. 9:45 - 10:45 am	10	20	30	35	45

 = Extended Session

Please circle which items you will be attending?

Board Meeting	Yes	No
Wednesday Lunch	Yes	No
Wednesday Reception <i>Owners Only</i>	Yes	No
Thursday Lunch	Yes	No
Thursday Boat Ride	Yes	No

Please mark your conference fee:

Full Conference:

- Member \$195
(\$210 if postmarked after April 30, 2008)
- Non-member \$255
(\$270 if postmarked after April 30, 2008)

Thursday Only

- Member \$155
(\$170 if postmarked after April 30, 2008)
- Non-member \$205
(\$220 if postmarked after April 30, 2008)

Specials!

If **five** or more people are attending the conference from your company, you each qualify for a **10% discount** on your conference fee.

You can receive **50% off your first year of dues** if you join RSA Wisconsin when you sign up using this registration form. This offer is only available in the voting membership categories and is only available to current non-members. Available through April 30, 2008. Fill in the information in the box at the right.

Please make additional copies of this form for each attendee.

Name _____

Title _____

Company _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

E-mail _____

SAVE 50% off your first year's dues if you become a member when you register for the conference. You will be contacted for more information about your agency later.

Total # of Beds or Full-time Employees (FTE) _____

Circle: CBRF RCAC AFH Day Care Other _____

Dues: Multiply the # of beds or FTEs by \$15 _____

The actual amount due now is 50% of the above number if also registering for the full annual conference at this time.

Scholarships & Awards:

Register on-line at www.rsawisconsin.org or use the enclosed forms on pages 5 & 6.

Total Conference Fees:

\$_____ Registration Fee

\$_____ 5+ Person 10% Discount (subtract only from reg. Fee)

\$_____ 50% Membership Dues (1/2 of annual dues)

\$15 Conference Book (**STRONGLY recommended**)

Buy now! The book will cost \$25 onsite!

Total Amount \$ _____

Please make checks payable to **RSA Wisconsin** and mail to: 6737 W. Washington St., Suite 1420, Milwaukee, WI 53214
Or, if paying by VISA or MasterCard, fax to: 414-276-7704.

Questions? 414-276-9273 or info@rsawisconsin.org

Cardholder Name _____

Cardholder Signature _____

Card Number _____ Exp. Date _____

Please note: no refunds can be made unless written notice of cancellation is received before April 30, 2008.