



SESSION REGISTRATION FORM

Yes, I wish to register for the following session

Session Name: _____

Session Date: _____

Session Type: (check one) webinar webinar series In person located at: _____

Organization Information

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Attendee #1 Information	Registration Fees <small>Member/NonMember</small>
Name: _____	Half day in person session = \$149/\$249 per person (price includes lunch)
Email Address: _____	Full day in person session = \$199/\$299 per person (price includes lunch)
Fax Number: _____	Webinar = \$199/\$299 for first dial up line (\$25 for each additional line)
Attendee #2 Information	2-part Webinar Series = \$349/\$549 for first dial up line (\$50 per addtl line)
Name: _____	3-part Webinar Series = \$499/\$675 for first dial up line (\$75 per addtl line)
Email Address: _____	4-part Webinar Series = \$629/\$1029 for first dial up line (\$100 per addtl line)
Fax Number: _____	NOTE: The pricing above does not apply to certain symposiums and/or conferences. For pricing and registration information for those special educational offerings, contact WACHA at info@wacha.org.
Attendee #3 Information	
Name: _____	
Email Address: _____	
Fax Number: _____	

Fee Calculation

\$ _____ (Session fee as indicated above)

x _____ (# of individuals/# of dial-up lines)

\$ _____ **Total Registration Fee**

Please calculate your registration fees based upon the fee schedule above. NOTE: With regard to webinars and webinar series, the price is based on the number of dial-up lines you plan to use, not the number of individuals attending.

Method of Payment (check one)

Please send an Invoice

Education Club coupon - redeeming coupon #(s) _____ (one coupon per person per session)

NOTE: Education Club coupons may be used to pay for multi-part webinar series. One coupon must be remitted for each webinar (part) you plan to participate in, i.e. 4-part webinar = 4 Education Club coupons.

Please ACH debit my account for the amount indicated above as follows:

ABA #: _____ Account #: _____ (no G/L#s)

Signed: _____ Date: _____

RETURN VIA FAX AT (262) 345-1246