



27th Annual WCA Fall Conference
September 29-30, 2008
Registration Form

Each registrant is required to complete a registration form. Form may be photocopied. Please print or type.

First Name _____ MI _____ Last _____

Official Title (classification) _____

Mailing Address (where you want materials from ACA/WCA sent) _____

Work Location/Address _____

City _____ State _____ ZIP _____

City _____ State _____ ZIP _____

ACA/WCA Membership # _____

Agency/Organization _____

Circle One (1) registration amount:

() _____ () _____

Early Bird Registration [postmarked before 09/05/08]

\$95 Member of ACA/WCA

\$130

Non-Member ACA/WCA [includes membership fee]

Regular Registration [postmarked on or after 09/05/08]

\$105 Member of ACA/WCA

\$140

Non-Member of ACA/WCA [includes membership fee]

Spouse Registration [does not include ACA/WCA membership]

\$65 Name _____

Fees include all conference activities including luncheons and banquet.
Badges will be issued with conference packets permitting attendance to all functions.

Please complete the following information. It will be used for membership data purposes only

Sex: Male _____ Female _____

Specific job title: _____

Age of correctional client: _____
(e.g. Adult, Juvenile, Both)

Type of agency you represent: _____
(e.g. Federal, State, County, Private, Other)

Years in correctional field: _____

Conference registration may be paid by:

_____ Purchase Order

P. O. # (if known) _____

_____ Check

Please make check payable to: Wisconsin Correctional Association

_____ Credit Card

☐ Mastercard

☐ Visa

Account # _____ Expiration Date _____

Name _____

(Please print your name if Cardholder is different from conference registrant)

Signature of Credit Card Holder

Date

Total Payment Due

Mail form and payment to:
Wisconsin Correctional Association
Registration
P.O. Box 8671
Madison, WI 53708-8671

Payment questions? – call Marsha Rathje 608-240-5199
All registrations must be received by September 19, 2008.
No refunds will be issued after September 19, 2008.
For questions or more information please contact: Barb Taddey 920-566-3104
For special accommodations, please notify us at time of registration.

Hotel reservations must be made directly with the Radisson Paper Valley Hotel (1-920-733-8000). Reservations must be received by the hotel NO LATER THAN AUGUST 31TH to qualify for the special reduced rate [\$62/single occupancy and \$82/double occupancy]. All reservations must be guaranteed with a credit card or with a first night room deposit.