



MEMBERSHIP MEETING
Wednesday, May 6, 2015

REGISTRATION FORM

Company: _____

Name(s): _____

COST: \$25 per person, payable by cash, check, or credit card.

Payment by Credit Card:

Name on Card: _____

Type of Card: _____ **MasterCard** _____ **Visa** _____

Account #: _____

Exp. Date: _____ **CVV Code:** _____

Billing Address: _____

E-mail Address: _____

Send Form/Payment To:

WRCA
P.O. Box 833
Germantown, WI 53022
Phone: 888/782-6815
Fax: 888/287-4116
E-Mail: jane@assocmgmtservices.com

Deadline for Registration is Monday, May 4.

My question for the speaker (Mark Graham) is:

