



**Membership Meeting  
Wednesday, April 6, 2016  
11:30 a.m. – 1:30 p.m.**

**REGISTRATION FORM**

**Company:** \_\_\_\_\_

**Name(s):** \_\_\_\_\_  
\_\_\_\_\_

**My/Our question for the panel is:**  
\_\_\_\_\_  
\_\_\_\_\_

**Cost: \$25.00 per person.**

**Payment:**    Credit Card:

**Name on Card:** \_\_\_\_\_

**Type of Card:**                      MasterCard                      Visa

**Account #:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**CVV Code:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Check:**

**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 Friday, April 1, 2016.**