

## SESSION REGISTRATION FORM

**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**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Attendee #2 Information**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Attendee #3 Information**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Registration Fees**    *Member / NonMember*

Half day in person session = \$149/\$298 per person (price includes lunch)

Full day in person session = \$199/\$398 per person (price includes lunch)

Webinar = \$199/\$398 first dial up line (\$25 each add'l line)

2-part Webinar Series = \$349/\$698 first dial up line (\$50 per addtl line)

3-part Webinar Series = \$499/\$998 first dial up line (\$75 per addtl line)

*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](mailto:info@wacha.org).*

**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)**

Education Club Credit (one credit per person per session)

*NOTE: Education Club credits may be used to pay for multi-part webinar series. One credit must be redeemed for each webinar (part) you plan to participate in i.e. 2-part webinar = 2 Education Club credits.*

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

ABA #: \_\_\_\_\_ Account #: \_\_\_\_\_ (no G/L#s)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Payment

Credit card type\*



Card Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Please send an Invoice

**RETURN VIA FAX TO (262) 345-1246**