



**2018 Aging and Disability Network Conference September 13-14, 2018
Kalahari Resort and Convention Center, Wisconsin Dells, WI**

REGISTRATION FORM -Please print clearly with one registration per form.

NAME
First _____ MI _____ Last _____

WORK
Company/Agency _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Mobile (____) _____

Registration Fee:

☐ **\$ 175.00** Full Conference September 13-14

☐ **\$ 100.00** Thursday Only

☐ **\$ 100.00** Friday Only

Special Dietary Needs: _____

Special Needs Accommodations: _____

<u>Workshop Choices:</u> Thursday, September 13, 2018	Friday, August 24, 2018
10:30 – 11:45 a.m. _____ (A1-A8)	8:00 – 9:15 a.m. _____ (D1-D8)
1:15 – 2:30 p.m. _____ (B1-B8)	11:00 – 12:15 p.m. _____ (E1-E8)
3:00 – 4:15 p.m. _____ (C1-C8)	

Cancellations and Substitutions:

All cancellation requests need to be emailed to UWSPCE-Conf@uwsp.edu. Full refunds granted to requests received by August 29, 2018. A \$25 cancellation fee will be assessed for notices received by Sep 5, 2018. No refunds given after September 5, 2018. No shows are responsible for full conference fees. Substitutions can be made at any time with emailed notice.

Payment Info:

Return this form along with payment. Make checks payable to UW-Stevens Point and send to:

UWSP Continuing Ed
2100 Main St.
032 Main Building
Stevens Point, WI
54481
715-346-4045 (Fax)

If paying by check (make payable to UW-Stevens Point) and send to address above.

If paying by purchase order, please indicate PO # _____

If paying by credit card, please complete the following information.

Circle one: Mastercard Visa Discover

Cardholder's Name _____

Cardholder's Signature _____

Cardholder's Address _____

Cardholder's Phone # _____

Card Number _____ Expires _____