

REGISTRATION FORM

Complete the following and mail with your payment to:

(Payment will appear as WI Assoc. of CVBs on your credit card bill.)

WI Fall Tourism Conference WI Association of CVBs PO Box 393 Sun Prairie, WI 53590

Name:		
Title/Position:		
Company/Organization/School:		
Address:		
City:		Zip:
Phone:	E-mail address:	·····
Emergency Contact & Phone:		
Registration Fees		
 Early Bird Fee: WACVB Member - \$12 Full Fee: WACVB Member - \$145, Nor Full-time Student Fee: \$85 	•	Must Register by October 7, 2019
Opening Luncheon and Keynote Only Fee - \$4	5 (Space is limited.)	
Make checks payable to WACVB. We also acc	ept Visa & MasterCard:	
Credit Card #:		
3-digit Security Code:		
Name on card:		
Expiration date:		

www.escapetowisconsin.com/fallconvention 608-837-6693 Jhertel@escapetowisconsin.com