

Registration Form



**22nd Annual State Conference on Alzheimer's Disease and Related Disorders
May 4-6, 2008**

Register by April 4, 2008

Please complete sections 1-4.
Make copies as needed.

Save time...Register online!

www.alzwi.org

(Credit card required)

1. Registrant Information (Please print clearly)

First/Last Name _____
 Organization _____
 Position _____
 Mailing Address _____
 City/State/Zip _____
 Daytime Phone _____ Fax _____
 Email _____

About You: Family Caregiver Professional Caregiver Physician
 Educator County/State Provider Other _____
 I am a person with early memory loss. Yes No
 Special dietary need? Vegetarian/Low Fat

2. Registration Fees See Page 13 for complete package details.

Package 1: Three Conference Days, \$135/person (Group rate: \$125/person - 4 or more required.)
 I will attend: Sunday Banquet Monday Luncheon Tuesday Luncheon \$ _____

Package 2: Monday and Tuesday Only, \$135 (Group rate: \$125/person - 4 or more required.)
 I will attend: Monday Luncheon OR Tuesday Luncheon \$ _____

Package 3: One Conference Day, \$90/person Select one: Monday OR Tuesday
 I will attend: Monday Luncheon OR Tuesday Luncheon \$ _____

Package 4: Sunday Pre-Conference Intensive and Banquet, \$60/person \$ _____

Package 5: Sunday Pre-Conference Intensive, \$40/person *(Not included in Package 1)* \$ _____

Package 6: Sunday Evening Opening Banquet, \$30/person \$ _____

TOTAL \$ _____

3. Payment Method

Check enclosed - Make payable to **Alzheimer's Association State Conference**

Charge to Credit Card Visa Mastercard Card # _____
 Exp. Date: _____ Security Code: _____ * Name on Card _____
* Last 3 digits on reverse side at signature line

4. Workshop Selections		One choice under each column.			5. Return Form
	Monday		Tuesday		
Session I	Session II	Session III	Session IV	Session V	
<input type="radio"/> 101	<input type="radio"/> 201	<input type="radio"/> 301	<input type="radio"/> 401	<input type="radio"/> 501	Mail or fax completed form by April 4, 2008 , to: Alzheimer's State Conference PO Box 428 Plover, WI 54467 Fax: (715) 344-2457 <i>(Fax only those registrations to be charged to your credit card.)</i>
<input type="radio"/> 102	<input type="radio"/> 202	<input type="radio"/> 302	<input type="radio"/> 402	<input type="radio"/> 502	
<input type="radio"/> 103	<input type="radio"/> 203	<input type="radio"/> 303	<input type="radio"/> 403	<input type="radio"/> 503	
<input type="radio"/> 104	<input type="radio"/> 204	<input type="radio"/> 304	<input type="radio"/> 404	<input type="radio"/> 504	
<input type="radio"/> 105	<input type="radio"/> 205	<input type="radio"/> 305	<input type="radio"/> 405	<input type="radio"/> 505	
<input type="radio"/> 106	<input type="radio"/> 206	<input type="radio"/> 306	<input type="radio"/> 406	<input type="radio"/> 506	
<input type="radio"/> 107	<input type="radio"/> 207	<input type="radio"/> 307	<input type="radio"/> 407	<input type="radio"/> 507	
<input type="radio"/> 108	<input type="radio"/> 208	<input type="radio"/> 308	<input type="radio"/> 408	<input type="radio"/> 508	