

Wisconsin Family Child Care Association

29th Annual Conference

May 6 - 8, 2010

Kalahari Resort in Wisconsin Dells

Name _____ Date _____
One person per form

Mailing Address _____ County _____

City and State _____ Zip _____

Email Address _____ Phone Number _____

Registry ID# _____ OR Birth date _____ and _____
MM/DD/YYYY Last 5 digits of your Social Security #

_____ I wish to have WFCCA info sent via email, including newsletter

Optional Information - All information collected will be reported anonymously. Our continual support depends on our ability to collect and report this information.

Gender Female Male

Birth Date ____/____/____

Do you currently own your own business? Yes No

Race White/Caucasian Black/African American
 Native American Alaskan Native
 Native Hawaiian/Pacific Islander I do not wish to respond

Ethnicity Hispanic Origin Not of Hispanic Origin

Do you consider yourself a person with a disability?
 Yes No

What is your veteran service? Veteran Non-Veteran
 Service Disabled Veteran I do not wish to respond

Friday Lunch Choice* (if applicable)
 Vegetarian Lasagna
 Herbed Chicken
 * If you do not specify a lunch choice, you will receive chicken.

Saturday Lunch Choice* (if applicable)
 Asian Fried Rice (Vegetarian)
 African BBQ Pulled Pork
 Atlantic Haddock
 * If you do not specify a lunch choice, you will receive pork.

Method of Payment: (check one)
 Check (payable to WFCCA)
 MasterCard Visa
 Card Number _____
 Expiration Date _____
 Card Holder Name (please print) _____

Cardholder Signature**

** This gives WFCCA authorization to charge the registration fee to the above card.

Do not mail in registration after April 20, 2009

Sorry, No Refunds
\$35 fee for all returned checks

Conference Registration

Lunch is included in registration fee
Early Bird before March 15, 2010

___ **Pre-Conference: Thursday** (Limit 50)
 I wish to attend (circle one):
 Tom Copeland CPR/First Aid/AED Training

| | | |
|------------|------------|--------------|
| | Early Bird | After Mar 15 |
| Member | \$60 | \$70 |
| Non-member | \$60 | \$70 |

___ **3 Day Registration: Thursday, Friday & Saturday**

| | | |
|------------|------------|--------------|
| | Early Bird | After Mar 15 |
| Member | \$190 | \$210 |
| Non-member | \$220 | \$240 |

___ **Train Ride** - Thursday, immediately following workshops
 \$10/adult ___# attending \$7/child ___# attending

___ **2 Day Registration: Friday AND Saturday**

| | | |
|------------|------------|--------------|
| | Early Bird | After Mar 15 |
| Member | \$130 | \$140 |
| Non-member | \$160 | \$170 |

___ **One Day Only: ___ Friday OR ___ Saturday**

| | | |
|------------|------------|--------------|
| | Early Bird | After Mar 15 |
| Member | \$80 | \$90 |
| Non-member | \$110 | \$120 |

Send Payment and Registration to:
WFCCA Conference Registration
 Teri Dietzler
 W15053 Trucker Lane
 Gilman, WI 54433

For questions regarding registration contact:
 Teri Dietzler
 Phone: (715) 447-8138
 Email: RainbowChildcare@szat.com

