

**2009 STATE WACEC CONFERENCE REGISTRATION
JUNE 15-16, 2009
RADISSON HOTEL & CONVENTION CENTER, WISCONSIN**

Name:		Spouse/Guest:	
Address:		City/Zip:	
Telephone:		E-mail:	

Please check the appropriate box(es) and identify your affiliation:

<input type="checkbox"/>	WACEC Member	County:		Emergency Contact (optional)
<input type="checkbox"/>	Spouse/Guest	County:		Name:
<input type="checkbox"/>	Extension Educator	County:		Telephone:
<input type="checkbox"/>	Extension State Staff/Administration	Title:		
<input type="checkbox"/>	Community Partner Advisory Group Member (CPAG)	County:		

**Advance Registrations must be Postmarked by May 22, 2009
Registrations postmarked after May 22th will be assessed an additional \$15 charge.**

TOURS: Please indicate WACEC member and guest first (1) & second (2) choices		Please indicate choice for Tuesday's Awards Luncheon	
WACEC Member:	Guest:	WACEC Member:	Guest:
_____	_____ 1 La Crosse Myrick Hixon Ecopark Tour	_____	_____ Swedish Meatballs
_____	_____ 2 Family Sustainability Tour	_____	_____ Stuffed Chicken Breast
_____	_____ 3 La Crosse Sustainability Tour		
_____	_____ 4 Coulee Region Agriculture Diversity Tour		

Please indicate any special dietary requirements you may have: _____
Please indicate any special accommodation requirements you may have: _____

PLEASE CHECK THE APPROPRIATE BOX(ES).

NOTE: The full conference package includes: Monday morning break, lunch, tour, dinner & entertainment; Tuesday breakfast and awards lunch.

	Attendee		Spouse/Guest	Subtotal
Full Conference Package	\$95.00 <input type="checkbox"/>	+	\$95.00 <input type="checkbox"/>	\$ _____
Tuesday Only	\$35.00 <input type="checkbox"/>	+	\$35.00 <input type="checkbox"/>	\$ _____
			Late fee (\$15 after 5/22)	\$ _____
			GRAND TOTAL	\$ _____

PAYMENT OPTIONS:

Enclosed is my check/money order payable to University of Wisconsin – Extension

Please charge to the following credit card account:

Mastercard VISA American Express

Card No. _____ Expiration Date _____

Cardholder's Name _____

Please bill my organization - - PO Number _____

Admin Contact _____ Institution _____

Address _____ City/State _____ Zip _____

MAIL TO:	Pyle Center Registrations Attn: 2009 WACEC Conference 702 Langdon Street Madison, WI 53706	Fax number: 608-265-3163 Online Registration Information: http://www.uwex.edu/ces/wacecconference
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NOTE: Refunds are subject to WACEC Board of Directors' Policy

Cancellation Policy
In the event of registration cancellation, fees paid in advance are refundable. Cancellations must be in writing (either by mail or fax) and received by the hosting district no later than the registration cut-off date. WACEC will not be able to refund registration fees for cancellations postmarked two-weeks after the cut-off date. Refunds will be processed following the meeting, by the WACEC Board Treasurer.