

Advance Registration for
WACTAL Conference & Trade Show

February 29 & March 1, 2008 • Kalahari Resort, Wisconsin Dells, WI
 Ph. (877) 254-5466 or (608) 253-5466

Company Name _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

<p>Weekend Package \$180 member/\$225 non-member Includes: All Seminars Continental Breakfast 1 Lunch Ticket 1 Banquet/Casino Ticket</p> <p>Friday Estimating Seminar . . \$75 member/\$85 non-member</p> <p>Friday Lunch Ticket \$18 per person</p>	<p>Hybrid Technology \$40 member/ \$50 non-member</p> <p>New Metals \$40 member/\$50 non-member</p> <p>Friday Credit Card Costs \$5 member/\$10 non-member</p> <p>Friday Banquet/Casino \$45 member/\$50 non-member</p> <p>Trade Show Only No Charge</p>
<p>Note: All packages & programs include admission to the Trade Show</p>	

PLEASE TYPE OR PRINT names as you want them to appear on the name badge and check appropriate tickets / packages.
 Fees are per person. Copy and use additional forms if necessary.

- Weekend Package _____ @ \$180/\$225 ea. \$ _____
- Friday Estimating Seminar (8am-noon) _____ @ \$75/\$85 ea. \$ _____
- Friday Hybrid Technology (1:15-3:15 pm) _____ @ \$40/\$50ea. \$ _____
- Friday New Metals (1:15-3:15 pm) _____ @ \$40/\$50 ea. \$ _____
- Friday Credit Card Processing Costs _____ @ \$5/\$10 ea. \$ _____
 (2:30-3:15 pm)
- Friday Lunch (noon) _____ @ \$18 ea. \$ _____
- Friday Banquet & Casino _____ @ \$45/\$50 ea. \$ _____
- Friday Banquet / Dinner Only _____ @ \$35/\$40 ea. \$ _____
- Children's Plated Dinner (12 & Under) - Chicken Tender, Mac & Cheese, Veg. _____ x \$12 each \$ _____
- Sat. Hybrid Technology (8:30-10:30 am) _____ @ \$40/\$50 ea. \$ _____
- Saturday New Metals (8:30-10:30 am) _____ @ \$40/\$50 ea. \$ _____
- Trade Show Only (Sat. 9-3) _____ No Charge

REGISTRATION FEES \$ _____
Late Registration Fee (After Feb. 8, 2008) \$ 20.00
 TOTAL AMOUNT DUE \$ _____

Mail or Fax to:

WACTAL
 W226 S1742 State Road 164 S
 Waukesha, WI 53186
 Fax (262) 542-0906

Questions?
 Call (800) 366-9472

Check Enclosed Bill to MasterCard/VISA

Card Number _____

Card Holder _____ Exp. _____

Signature _____