



Wisconsin Association of
Medical Equipment Services

2007

Annual Conference

September 5-7, 2007

REGISTRATION FORM

Contact Information (please submit one name per form or copy for more than one registrant)

Name	
Title	
Company	
Address	
City / State / Zip	
Phone	Fax
Email	

Registration Fees

Thursday and Friday Sessions - Includes sessions, lunch, breaks reception for two days	seminar rate		# of people	=	total
WAMES member - first person	\$200.00	x	1	=	
WAMES member - additional person(s)	\$175.00	x		=	
Non-members	\$275.00	x		=	
Thursday or Friday ONLY					
WAMES member - Thursday only	\$150.00	x		=	
WAMES member - Friday only	\$100.00	x		=	
Non-members - Thursday only	\$225.00	x		=	
Non-members - Thursday only	\$175.00	x		=	
Wednesday Golf Outing					
Includes Greens Fees, Carts, and Reception (per person)	\$95.00	x		=	

Payment

TOTAL \$

Check

Make check payable to WAMES

Mail to:

WAMES
PO Box 389
Wild Rose WI 54984

Credit Card

Fax to WAMES at 715-366-4501 with credit card information.

VISA	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>
card number	<input type="text"/>		exp. date <input type="text"/>
amount \$	<input type="text"/>	signature	<input type="text"/>