



Wisconsin Association of  
Medical Equipment Services

# 28th Annual Convention

Sept. 13 - 15, 2011  
at the Chula Vista Resort  
in Wisconsin Dells

## REGISTRATION FORM

Contact Information (please submit one name per form and copy for additional registrants)

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

Please indicate which track you are most interested in attending:

RESPIRATORY    REHAB    OPERATIONS

### Registration Fees

**FULL CONFERENCE** — includes all sessions, lunch on Wednesday, breaks and reception and Thursday morning

<input type="checkbox"/> Full Conference Attendee (members \$200 and non-members \$250)	\$200/\$250
<input type="checkbox"/> Additional Full Conference Attendee (members \$175 and non-members \$225)	\$175/\$225
<input type="checkbox"/> Wednesday only Attendee (members \$150 and non-members \$200)	\$150/\$200
<input type="checkbox"/> Thursday only Attendee (members \$100 and non-members \$150)	\$100/\$150
<input type="checkbox"/> Boat Ride Wednesday Eve (members \$25 and non-members \$35)	\$25/\$35

### TUESDAY GOLF OUTING

<input type="checkbox"/> Includes Greens Fees, Cart, and Reception (per person)	\$125.00
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TOTAL



### Payment

**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    MasterCard    American Express

card number	exp. date
\$	
amount	signature

Questions: Email or call Ann Barrett at WAMES at [abarrett@uniontel.net](mailto:abarrett@uniontel.net), call 715-366-7500 or fax 715-366-4501