

The Evolution of Independent Living
January 22, 2008 – Country Springs Hotel, Pewaukee
Registration Form

Please submit with payment to:
WALA - Wisconsin Assisted Living Association
2875 Fish Hatchery Road
Madison, WI 53713
Fax: 608/288-0734

Name: _____

Title: _____

Parent Company: _____

Facility: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Fax Number: _____

Email: _____

Check ALL that apply:

- Independent Senior Housing Assisted Living SNF

	<u>On or Before Jan. 10, 2008</u>	<u>After Jan. 10</u>
Registration Fee	\$ 225	\$ 265

Payment Method:

\$ _____ Due

- Check enclosed to WALA
 Visa MasterCard

Please print neatly and double check numbers:

Account Number: _____ Expiration Date: _____

Cardholder's Signature: _____