

2008 WAA CONVENTION



SEPTEMBER 21, 22, 23 2008

Heidel House Resort Green Lake WI 800-444-2812

Wisconsin Association of Accountants - phone 800-237-4080 fax 715-425-7399 www.waainc.org

Please complete a separate Registration Form for each member, nonmember and guest.

WAA MEMBER CONVENTION PROGRAM ..... \$ 255.00 \$\_\_\_\_\_
(Includes Education Programs with lunch, Sunday Dinner, & Monday Banquet)

Please indicate choice of entrée for Monday Banquet
\_\_\_NEW YORK STRIP \_\_\_SAUTEED CHICKEN \_\_\_CANADIAN WALLEYE

SPOUSE (Spousal Program, Sunday Dinner, Monday Banquet)..... \$ 125.00 \$\_\_\_\_\_

Please indicate choice of entrée for Monday Banquet
\_\_\_NEW YORK STRIP \_\_\_SAUTEED CHICKEN \_\_\_CANADIAN WALLEYE

NON-MEMBER (Includes Education Programs with lunch, Sunday Dinner, & Monday Banquet)... \$315.00 \$\_\_\_\_\_

Please indicate choice of entrée for Monday Banquet
\_\_\_NEW YORK STRIP \_\_\_SAUTEED CHICKEN \_\_\_CANADIAN WALLEYE

ONE DAY SEMINAR OPTION Attend either Monday or Tuesday seminar only:
\_\_\_Monday Double Venue cost \$145 member or \$205 non member \$\_\_\_\_\_

\_\_\_Tuesday Gear UP Practice Development & Management \$180 member or \$240 nonmember \$\_\_\_\_\_

DISCOUNT - Subtract \$30 discount if registration is received by Sept. 3, 2008 (\$\_\_\_\_\_)

MONDAY NIGHT BANQUET TICKET ONLY ..... \$ 45.00 \$\_\_\_\_\_

Please indicate choice of entrée for Monday Banquet
\_\_\_NEW YORK STRIP \_\_\_SAUTEED CHICKEN \_\_\_CANADIAN WALLEYE

GOLF OUTING ON SUNDAY - # of golfers \_\_\_\_\_ @ \$ 45.00 = \$\_\_\_\_\_

TOTAL AMOUNT ENCLOSED \$ \_\_\_\_\_

Heidel House Resort room rates: \$99 for the WAA block.
You must make your own reservation at 800-444-2812 before August 20, 2008.

PAYMENT OPTIONS: Make checks payable to: WAA Send To: WAA PO BOX 356 RIVER FALLS, WI 54022

OR Charge my Credit Card \$\_\_\_\_\_ VISA or MASTER CARD

Card No: \_\_\_\_\_ Exp Date: Month\_\_\_\_\_ Year\_\_\_\_\_

Signature\_\_\_\_\_ Fax to WAA 1-715-425-7399

Registrant's Name\_\_\_\_\_ Spouse's Name\_\_\_\_\_

Organization Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Email address \* required for registration confirmation\*\_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

NOTE: ADVANCE REGISTRATION REQUIRED -
\*\*\*\*Cancellations must be received 15 days prior to convention for a refund\*\*\*\*