

REGISTRATION FORM
WDA ANNUAL CONFERENCE April 28-30, 2010
Kalahari Resort in WI Dells, WI

1. Pre-registration deadline is **April 17, 2010**. After that date, \$50.00 must be added to your fee for late or on-site registration. If you are pre-registered and unable to attend, a substitute name must be given to the WDA office prior to the conference.
 2. No confirmation letters will be sent. Please retain a copy of this form for your records.
 3. ADA membership numbers will be verified.
 4. Cancellations must be received in writing. No refunds will be given **after April 17, 2010**. A \$50.00 administrative fee will be retained for all cancellations before date.
 5. Purchase orders are NOT accepted. A check, money order or credit card number must accompany registration.
 6. **Registration fee includes the cost of all meals.** *Extra* meal tickets must be pre-purchased.
- Please Print Clearly** (for badge purposes)

Name _____
 (First) (Last) (Credentials)

Position _____

Employer _____

City/State/Zip _____

Mailing Address _____

City/State/Zip + 4 _____

Day Phone: () _____

E-mail address _____

Registration Categories (circle all that apply)

- Annual Conference Committee - 2010 _____
- Presider at Session _____
- Registered Exhibitor _____
- Award Recipient— name of award _____
- Current Board of Directors _____
- WDA Liaison or other Committee Member not listed _____
- WDA Past President _____
- Scholarship Recipient _____
- Speaker _____
- Active on Grassroots Level for contacting legislators _____
- ADA New Member in Last 5 Years, Year Joined _____

Meal Tickets

A meal ticket is included for each day of registration. Please check here if you **DO NOT** want us to order a meal for you on the day(s) you are attending:
 _____ Thursday, Luncheon _____ Friday, Awards Luncheon

Dietary Alternate Request:

_____ Meatless Entree for Fri Noon
 (to be announced with January brochure)
 If attending the conference for one day, which day will you attend? _____ Thursday, April 29th
 _____ Friday, April 30th

Annual Conference Registration Fees - Fee includes continental breakfast & lunch each day.

- ADA Member*/RD/DTR-MUST BE AN ADA MEMBER
- \$230/ 2 days _____
 \$180/ 1 day _____
 ***ADA MEMBER NUMBER** _____ (we will verify)
 (if state is not WI, please send copy of ADA membership card with registration form)
- Certified Dietary Manager
- \$185/ 2 days _____
 \$125/ 1 day _____
ADA Retired ADA Member Status
- \$120/ 2 days _____
 \$ 70/ 1 day _____
Full Time Student/Undergraduates (see definition in brochure)
- \$ 85/ 2 days _____
 \$ 60/ 1 day _____
Non ADA Member
- \$410/ 2 days _____
 \$285/ 1 day _____

Pre-Conference Registration Fees

Time: 1:00-5:30 pm (\$75 members, \$ 115 nonmembers)
Pre-Conf: The Senior Facet of Nutrition Care _____

Thursday, April 29th- Dinner Theater(\$45/person) _____
"Smoky Joe's Cafe"-see brochure for additional information

WDA Scholarship donation

___ \$5.00 ___ \$10.00 ___ Other _____

ADA Foundation Donation (ADAF) _____

Donation for a Silent Auction Item _____

Lake Delton/WI Dells Food Pantry of CWCAC

"My donation to a needy person's meal" _____

Raffle tickets \$1.00 each or 6/\$5.00 No= _____

"Pursuit of Licensure" donation _____

Extra meal tickets

Indicate how many **extra** you would like on line(s) below.

They are available for the following rates:

_____ Thursday, April 29th Buffet Luncheon \$22.00 _____

_____ Friday, April 30th Awards Luncheon \$27.00 _____

Subtract conference committee/exhibitor discount _____

LATE/ON SITE FEE \$50.00 _____

(Postmarked after April 17, 2010)

Total enclosed or charged= \$ _____

Make checks payable to the:

Wisconsin Dietetic Association
 1411 West Montgomery Street, Sparta, WI 54656-1003
 Toll free: 1-888-232-8631 Fax: 608-269-0043
 wda@centurytel.net www.eatrightwisc.org

Charge my Discover, Visa or MasterCard (circle which card type)

Billing Zip Code _____

Card # _____

Expiration date ____/____

CVV2 ____ (3 digit code on back of card)

Customer Code (if applicable) _____

Signature _____

____ Check here if you will need a receipt. It will be provided on the day you attend the conference. If you want a receipt sooner please include a self addressed, stamped envelope.