



January 11-12, 2027

Kalahari Resort & Convention Center
1305 Kalahari Drive
Wisconsin Dells, WI 53965

Advance Registration Form

Includes parking, trade show & conference, all meals and reception (If registering a student, student ID must be shown at check in)	Advanced Rate*		Standard Rate	
	Regular	Student	Regular	Student
Full Conference Admission	\$210	\$100	\$250	\$110
Single Day Admission (Monday or Tuesday)	\$170	\$85	\$205	\$95

Attendee #1 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Attendee #2 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Attendee #3 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Attendee #4 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Attendee #5 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

***Postmark with payment due before December 17, 2026 to receive advance rate.**

Attendee #6 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Attendee #7 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Attendee #8 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Attendee #9 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Attendee #10 _____ Student _____ Full Conference _____ Single Day (Mon / Tues)

Name: _____

Company Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____

Total number of attendees _____

(10% discount for all companies registering 10 or more people at the same company) _____

TOTAL: _____

Form of Payment: _____ Check (enclosed) _____ Credit Card (Visa, MC, Disc, AmX)

Name on Card: _____ Card Number: _____ CVC: _____

Expiration Date: _____ Phone Number: _____ Email Address: _____

Card Billing Address: _____ City: _____ State: _____ Zip: _____

Signature: _____

Return registration and payment to: WABA • 2801 International Lane, Suite 105 Madison, WI 53704
Phone: (608) 223-1111 • Fax: (608) 223-1147

***Postmark with payment due before December 17, 2026 to receive advance rate.**