



**January 11-14, 2021**

**This is a Virtual  
Conference and Trade Show**

## **Registration Form**

**\$150.00 per person for the Full Conference**

**\$100.00 per person for a Single Day**

*By registering for the event, you consent to have your information shared with our trade show exhibitors.*

**Form Deadline: Postmarked with Payment before January 8, 2021**

**Attendee #1**     Full Conference     Single Day (Mon, Tues, Wed, Thur) *(Circle Day Attending)*

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: **(required)** \_\_\_\_\_

**Attendee #2**     Full Conference     Single Day (Mon, Tues, Wed, Thur) *(Circle Day Attending)*

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: **(required)** \_\_\_\_\_

**Attendee #3**     Full Conference     Single Day (Mon, Tues, Wed, Thur) *(Circle Day Attending)*

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: **(required)** \_\_\_\_\_

**\* Additional Information to Follow \***

**Attendee #4**     Full Conference     Single Day (Mon, Tues, Wed, Thur) *(Circle Day Attending)*

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: **(required)** \_\_\_\_\_

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**Attendee #5**     Full Conference     Single Day (Mon, Tues, Wed, Thur) *(Circle Day Attending)*

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: **(required)** \_\_\_\_\_

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**Attendee #6**     Full Conference     Single Day (Mon, Tues, Wed, Thur) *(Circle Day Attending)*

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: **(required)** \_\_\_\_\_

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***There will not be hard copies of the proceedings made anymore. You will be able to download the proceedings online at [www.agclassic.org](http://www.agclassic.org).***

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## Payment Information

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

Name on Card: \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

**TOTAL Costs \$** \_\_\_\_\_

***\* Additional Information to Follow \****

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