



January 15-17, 2019

Exhibition Hall at Alliant Energy Center
 1919 Alliant Energy Center Way
 Madison, WI 53713

Advance Registration Form

Includes Parking, Trade Show & Conference, All Meals and the Reception (If registering as a student, a Student ID must be shown)	Advance Prices		At the Door Prices	
	Regular	Student	Regular & Exhibitors	Student
Full Conference Admission	\$150	\$50	\$180	\$60
Single Day Admission (Tuesday)	\$60	\$25	\$90	\$35
Single Day Admission (Wednesday OR Thursday)	\$110	\$40	\$140	\$50

Attendee #1 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Attendee #2 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Attendee #3 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Attendee #4 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Attendee #5 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Attendee #6 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

**Form Deadline: Postmarked with Payment before December 14, 2018
 IF AFTER DECEMBER 14TH, AT THE DOOR PRICES ARE IN EFFECT.**

Attendee #7 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Attendee #8 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Attendee #9 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

Attendee #10 Name: _____ Student _____ Full Conf. \$ _____
 Company Name: _____ (Please Circle One) T W Th Single Day \$ _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____

There will not be hard copies of the proceedings at the Show. If you would like copy(s), they will be printed AFTER the show and mailed. The cost is \$15 per book. How many? _____ Total \$ _____

Form of Payment: _____ Check (enclosed) _____ Credit Card (Visa, MC, Disc, AmX)
 Name on Card: _____ Card Number: _____
 Expiration Date: _____ Phone Number: _____ Email Address: _____
 Card Billing Address: _____ City: _____ State: _____ Zip: _____
 Signature: _____

Registration Costs \$ _____ + Proceedings Order \$ _____ = TOTAL Costs \$ _____

Pre-Registration for Special Sessions	
<p style="text-align: center;">Spray Rig Operator Training</p> <p>Which class will you be attending?</p> <p>_____ Wednesday - Spray Rig Operator Refresher</p> <p>_____ Thursday - Spray Rig Technology</p>	<p>Name: _____</p> <p>Company: _____</p> <p>Phone Number: _____</p> <p>Email Address: _____</p>

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