

Registration Form

 **Mail to:**

UW-Madison Conference Center
Registrations Office
Pyle Center
702 Langdon St., Dept. 111
Madison WI 53706-1487

Call: 608-262-2451
TDD 608-266-2370

FAX: 608-265-3163
toll-free 800-741-7416

Phone or fax registrations must be paid by credit card or purchase order

Please complete the following registration form. * are required fields.
Fill out a separate form for each individual. Multiple courses taken by the same person may be entered on the same form.

* Program # _____

* Program title: _____

* Date(s): _____

* Location (fill in online for online courses):

*Name (First MI Last): _____

Title/Position: _____

Company/Affiliation: _____

*Address: _____

*City: _____ *State/Province: _____

*Zip/Postal Code: _____ Country: (if not USA) _____

*Phone: _____ Fax: _____

*Email: _____

*Total fee: _____

***Payment**

Payment by check enclosed (made to UW-Madison)

Credit Card Type: _____

Credit Card # (no spaces): _____

Name on Card: _____

Expiration date (MM/YY): _____

Comments/Special Needs:

University of Wisconsin provides equal opportunities in employment and programming, including Title IX requirements.