



Registration Form for Attendees

Please select your registration option below:

- Early Bird Registration fee - \$299 (expires February 28, 2018)
- DSPN (RFWiA or RSA) Early Bird Registration - \$249 (expires February 28, 2018)
- Regular registration - \$349 (for registrations after February 28, 2018)
- Regular registration for DSPN (RFWiA or RSA) members - \$299 (for registrations after February 28, 2018)
- Student registration - \$175
- One day registration fee - \$199 (Thursday only)

No registrations accepted after/or must be postmarked by April 22, 2018

Name: _____

Organization Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Work Phone: _____

Home Phone: _____

Email: _____

Payment Information:

- Check Credit Card (Visa or Master Card are accepted)

Cardholder Name:

Card Number:

Expiration Date:

3-Digit Security Code (CVV Code):

Signature:

Make Check Payable To: UW-Green Bay Outreach and Extension. Unless otherwise requested, your canceled check will be your receipt.

Send registration with payment to:

Continuing Education and Community Engagement
UW- Green Bay
2420 Nicolet Drive
Green Bay, WI 54311-7001

Call: 920-465-2642 to register over the phone

Fax To: 920-465-2643 (Credit Card Only)

Work Sector-

Select your work sector from the list below. If other, please describe.

Provider/Funding <ul style="list-style-type: none"><input type="checkbox"/> Community-Based Services<input type="checkbox"/> Residential<input type="checkbox"/> MCO<input type="checkbox"/> Government<input type="checkbox"/> Nonprofit Board/Volunteer<input type="checkbox"/> ADRC	Rehab Professional <ul style="list-style-type: none"><input type="checkbox"/> Vocational Counselor<input type="checkbox"/> Job Developer<input type="checkbox"/> Business Service Consultant<input type="checkbox"/> Benefit Specialist
Transition <ul style="list-style-type: none"><input type="checkbox"/> Coordinator<input type="checkbox"/> Special Education Teacher<input type="checkbox"/> School-to-Work Coordinator	Student <ul style="list-style-type: none"><input type="checkbox"/> Vocational Rehab/Counseling
Other, please describe:	

If you have a disability and desire accommodations, please describe: