



**2018 Alcohol Policy Seminar
Wednesday, October 10, 2018
Kalahari Resorts and Conventions, Wisconsin Dells, WI**

REGISTRATION FORM -Please print clearly with one registration per form.

NAME
First _____ MI _____ Last _____

WORK
Company/Agency _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Mobile (____) _____

Cancellations and Substitutions:
All cancellation requests need to be emailed to UWSPCE-Conf@uwsp.edu. Full refunds granted to requests received by October 2, 2018. Refunds requested after October 2, will be assessed a \$25 processing fee. No refunds given after October 8, 2018. Substitutions can be made at any time, but no shows will be responsible for full conference fees.

Registration Fee:

\$ 125.00

Special Dietary Needs: _____

Special Needs Accommodations: _____

Workshop Choices:

Wednesday, October 10, 2018

Workshop Sessions #1: 10:10 – 11:10 a.m. _____ (1A-1D)

Workshop Sessions #2: 11:15 – 12:15 p.m. _____ (2A-2D)

Workshop Sessions #3: 1:20 – 2:20 p.m. _____ (3A-3D)

Workshop Sessions #4: 2:25 – 3:25 p.m. _____ (4A-4D)

Payment Info:
Return this form along with payment. Make checks payable to UW-Stevens Point and send to:

UWSP Continuing Ed
2100 Main St.
032 Main Building
Stevens Point, WI
54481
715-346-4045 (Fax)

If paying by check (make payable to UW-Stevens Point) and send to address above.

If paying by purchase order, please indicate PO # _____

If paying by credit card, please complete the following information.

Circle one: Mastercard Visa Discover

Cardholder's Name _____

Cardholder's Signature _____

Cardholder's Address _____

Cardholder's Phone # _____

Card Number _____ Expires _____