

# 2010 WCDA State Convention

## Pre-Registration Form

Name \_\_\_\_\_

Required:     ACDA/WCDA Member, # \_\_\_\_\_ Exp. date: \_\_\_\_\_  
                    WCDA Associate, # \_\_\_\_\_ Exp. date: \_\_\_\_\_  
                    ACDA/WCDA New Member, applying with this form.     None of the above.

Home Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

School/Church/Business \_\_\_\_\_

School/Church/Business **City** (for Badge) \_\_\_\_\_

H: (\_\_\_\_\_) \_\_\_\_\_ W: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: POSTMARKS AFTER 1/5/10 WILL BE ASSESSED THE  
 "AT-THE-DOOR" RATE AND WILL BE PROCESSED AT REGISTRATION.**

**REGISTRATION FEES:**                    (AT THE DOOR) BEFORE 1/5/10 ONLY    AMOUNT

NOTE: (•) FULL REGISTRATION INCLUDES THURSDAY AND FRIDAY EVENING CONCERT TICKETS AND FRIDAY AWARDS LUNCHEON.

- WCDA Member .....(\$105.00).....\$90.00 .....\$ \_\_\_\_\_
- Non-Member.....(\$155.00).....\$140.00 ....\$ \_\_\_\_\_
- WCDA Member's Spouse.....@ \$75.00.....\$ \_\_\_\_\_  
     Name of Spouse (for Badge): \_\_\_\_\_
- WCDA Retired Member .....@ \$75.00.....\$ \_\_\_\_\_
- WCDA Student Member .....@ \$30.00.....\$ \_\_\_\_\_
- Student Non-Member.....@ \$45.00.....\$ \_\_\_\_\_

**HALF-PRICE SPECIAL: PRE-REGISTRATION ONLY. CHECK ONE:**

- Current Member (on line 1, above) .....\$45.00 .....\$ \_\_\_\_\_  
     with New Member (name) \_\_\_\_\_
- New Member (on line 1, above).....\$45.00 .....\$ \_\_\_\_\_

WCDA Associate: Check One:  One Day     Three Day                    \$    N/A

NOTE: ONE-DAY REGISTRATION DOES NOT INCLUDE EVENING CONCERT TICKETS OR THE AWARDS LUNCHEON. PLEASE ORDER SEPARATELY, BELOW.

One-Day WCDA Member .....@ \$60.00     Fri     Sat    \$ \_\_\_\_\_

One-Day Non-Member.....@ \$75.00     Fri     Sat    \$ \_\_\_\_\_

Thursday evening concert.....Qty: \_\_\_\_\_ @ \$10.00/each    \$ \_\_\_\_\_

Friday evening concert.....Qty: \_\_\_\_\_ @ \$10.00/each    \$ \_\_\_\_\_

Friday Awards Luncheon.....Qty: \_\_\_\_\_ @ \$15.00/each    \$ \_\_\_\_\_

**Tax-deductible contribution to the WCDA Scholarship Fund..... \$ \_\_\_\_\_**

TOTAL ENCLOSED \$ \_\_\_\_\_

Send this form with a check payable to WCDA, to:  
**Amelia Marks, 1918 Paso Roble Way, Madison, WI 53716**

**POSTMARK DEADLINE: JANUARY 5, 2010**

- If you are joining WCDA or renewing your membership, please send **separate checks** for dues and registration fees. Thank you!
- Your **confirmation** will be your cancelled check.
- **Receipts** for fees and WCDA contributions will be available at Registration. **Please make a copy of this form.**

FOR OFFICE USE ONLY:                    Postmark Date: \_\_\_\_\_

Registration Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Membership Amount Paid: \_\_\_\_\_ Check # \_\_\_\_\_