



**WISCONSIN PARENTS ASSOCIATION**  
**25th Conference and Curriculum Fair**  
 May 2-3, 2008, UW - Oshkosh

**REGISTRATION FORM**

Save \$20 by being a WPA member and registering by April 12.

Please print

Last name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about this event?

WPA Newsletter  Friend  Internet  Announcement in the mail  Support group  Library  Other \_\_\_\_\_

This is our \_\_\_\_\_ (1st, 2nd, 3rd, 4th, etc.) WPA Conference.  Grandparent(s) of the \_\_\_\_\_ Family

Names of graduating seniors to be honored \_\_\_\_\_ (Also call WPA voice mail—608-283-3131.)

Children attending CONNECTIONS workshops must be accompanied by an adult or another responsible person.

First & Second Choices for each time period:	FRIDAY 7:15-8:30		A Workshops 8:30-9:30		B Workshops 9:50-10:50		C Workshops 1:30-2:30		D Workshops 2:50-3:50				
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd			
<b>FIRST AND LAST NAME</b> (As you would like it on name tag)	<b>Adult</b>		<b>Teen</b>		<b>Child</b>								
	(Check one)												
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F-____	F-____	A-____	A-____	B-____	B-____	C-____	C-____	D-____	D-____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F-____	F-____	A-____	A-____	B-____	B-____	C-____	C-____	D-____	D-____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F-____	F-____	A-____	A-____	B-____	B-____	C-____	C-____	D-____	D-____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F-____	F-____	A-____	A-____	B-____	B-____	C-____	C-____	D-____	D-____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F-____	F-____	A-____	A-____	B-____	B-____	C-____	C-____	D-____	D-____
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F-____	F-____	A-____	A-____	B-____	B-____	C-____	C-____	D-____	D-____
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F-____	F-____	A-____	A-____	B-____	B-____	C-____	C-____	D-____	D-____

	Postmarked by April 12		after April 12	
	WPA Member	Non-Member	WPA Member	Non-Member
Friday & Saturday	\$60	\$75	\$65	\$80
Saturday only	\$50	\$65	\$55	\$70
Friday only	\$20	\$30	\$25	\$35

**INEXPENSIVE LODGING** for both Friday and Saturday nights is available at the Gruenhagen Conference Center (see Conference announcement or WPA website). For reservations, call Gruenhagen: (920) 424-1107.

We meet the requirements explained under "Invite New Families" on page 3 of this announcement. Send a coupon to the person who encouraged us this year to attend.

Encourager's Name \_\_\_\_\_

Address \_\_\_\_\_

City/St/Zip \_\_\_\_\_

NOTE: Conference participants may be photographed or videotaped by one or two photographers authorized by WPA. Some photos and videos may be used to add interest to WPA's newsletters, website, conference announcements, etc.

- REGISTRATION**--Circle amount on chart on left and write it here. (Fee covers parents and children from one family).....\$ \_\_\_\_\_
- Grandparent(s)—\$20.....\$ \_\_\_\_\_
- WPA MEMBERSHIP**—\$30.....\$ \_\_\_\_\_  
 New member  Renewal
- WPA HANDBOOKS** (special of \_\_\_\_ X \$20 for WPA members or \_\_\_\_ X \$27 for non-members).....\$ \_\_\_\_\_
- Tax-deductible **DONATION**.....\$ \_\_\_\_\_
- MEALS**-- Order must be postmarked by April 17.  
 Number of adult breakfasts \_\_\_\_ X \$4.50 .....\$ \_\_\_\_\_  
 Number of children (12-4) breakfasts \_\_\_\_ X \$2.75.....\$ \_\_\_\_\_  
 Number of adult all-you-can-eat lunches \_\_\_\_ X \$7.50.....\$ \_\_\_\_\_  
 Number of children (12-4) lunches \_\_\_\_ X \$6.00.....\$ \_\_\_\_\_  
 Number of adult all-you-can-eat dinners \_\_\_\_ X \$8.50.....\$ \_\_\_\_\_  
 Number of children (12-4) dinners \_\_\_\_ X \$6.75.....\$ \_\_\_\_\_  
**TOTAL ENCLOSED**.....\$ \_\_\_\_\_

Check enclosed payable to WPA or  MasterCard  VISA  Discover

\_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

✓ Mail this form and your check (payable to WPA) or credit card information by April 26 to:  
**WPA Registration, 2545 Koshkonong Road, Stoughton, WI 53589-2720**  
 Questions? Call: WPA voice mail (608) 283-3131 or go to [www.homeschooling-wpa.org/conference](http://www.homeschooling-wpa.org/conference)