



YSS PERFORMERS SHOWCASE

DECEMBER 3, 2024 | VIRTUAL
GROUP REGISTRATION FORM

WISCONSIN LIBRARY ASSOCIATION

Institution Name _____

Business Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

For TDD users, please use the Wisconsin Relay System 1-800-947-3529.

REGISTRATION INFORMATION

Group discounts for Institutions (individual libraries) registering three or more attendees. Individual rates (member, student, nonmember) apply. Must be received by November 25, 2024.

- 3 - 9 attendees = 10% off total registration
- 10 - 14 attendees = 15% off total registration
- 15 or more attendees = 20% off total registration

All attendees must abide by the [WLA Code of Conduct and event policies](http://www.wisconsinlibraries.org/code-of-conduct) (www.wisconsinlibraries.org/code-of-conduct.)

Please list attendees you are registering below (continued on page 2)

Attendee Name:

Job title:

Work phone:

Email address (to send registration link):

WLA Member (\$20) _____. Nonmember (\$40) _____ subtotal _____

Attendee Name:

Job title:

Work phone:

Email address (to send registration link):

WLA Member (\$20) _____. Nonmember (\$40) _____ subtotal _____

Attendee Name:

Job title:

Work phone:

Email address (to send registration link):

WLA Member (\$20) _____. Nonmember (\$40) _____ subtotal _____

TOTAL _____

Attendee Name:
Job title:
Work phone:
Email address (to send registration link):

WLA Member (\$20) _____. Nonmember (\$40) _____ subtotal _____

Attendee Name:
Job title:
Work phone:
Email address (to send registration link):

WLA Member (\$20) _____. Nonmember (\$40) _____ subtotal _____

Attendee Name:
Job title:
Work phone:
Email address (to send registration link):

WLA Member (\$20) _____. Nonmember (\$40) _____ subtotal _____

TOTAL _____

Please make checks payable to: *Wisconsin Library Association.*

Return this form with payment to: Wisconsin Library Association, P.O. Box 6437, Monona, WI 53716 or call 608-245-3640 to pay with a credit card by phone. **Forms submitted by mail must be received by November 25, 2024.**

PAYMENT

Conference Registration Subtotal \$ _____

*Membership Dues (\$3 per \$1000 of salary; \$50 min/\$250 max)
\$ _____

Special Events Subtotal \$ _____

Institution Check \$ _____ Personal Check \$ _____

Visa Mastercard Discover

_____ Exp. Date _____ Security Code _____

Name on Credit Card

Credit Card Billing Address

TOTAL ENCLOSED \$ _____