Wisconsin School Counselor Association – Fall Summit

Thursday, October 27th from 9:00am - 4:00pm
Globe University, Green Bay, WI

Registration Form

Name: _____
First **Last**

Primary Address: _____
Street **City** **Zip**

Employer/School(s) Name: _____

Phone: _____ **E-mail:** _____

Primary Level of Professional Practice (please check):

Student □ **Elementary** □ **Middle** □ **High** □ **Counselor Educator** □

Early Bird Special until September 30, 2011: WSCA Member $35.00; Non-member $45.00

WSCA Member: **$45.00** _____ **(fee includes: lunch, snacks and other incidentals)**

Non-Member: **$55.00** _____ **(fee includes: lunch, snacks and other incidentals)**

_____**Yes, I would like more information on becoming a member of WSCA sent to me at the above e-mail address provided.**

Please Mark which area(s) you're interested in participating in at the Fall Summit:

- □ **Curriculum Development**
- □ **SPARC-W**
- □ **RAMP**
- □ **Undecided**

PLEASE MAIL, FAX, OR E-MAIL THIS FORM & PAYMENT TO:	PAYMENT METHOD ACCEPTED:
WSCA **2830 Agriculture Drive** **Madison, WI 53718** **Phone: 608-204-9825** **FAX: 608-204-9818** **Email: admin@wscaweb.org**	**CASH CHECK MASTERCARD VISA** _____ **CARD NUMBER** **EXP. DATE**

You will receive a confirmation e-mail upon receipt of your registration with more details including directions and parking instructions.

Please e-mail any questions regarding the Fall Summit to Rod Wiemeri at rodw@charter.net
Please contact WSCA Administration with any payment or membership inquiries at admin@wscaweb.org