

Presented Live (Via Zoom)
Four Consecutive Tuesdays
November 30 and December 7, 14, and 21
3:00 p.m. – 5:30 p.m.

\$350.00

WOWRA Members*

\$500.00

Non-Members**

Registration Form

Company _____

Address _____

City/State/Zip _____

Telephone _____

Attendee Name 1

Email (required): _____

Provide related licenses/certifications you currently hold and your license number(s): _____

Additional Attendee (copy this form to register more attendees)

Email (required): _____

Provide related licenses/certifications you currently hold and your license number(s): _____

Payment Method (check one)

Mastercard Visa Amex Discover

Check (payable to WOWRA)

Name (as it appears on card) _____

Card No. _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

TOTAL AMOUNT DUE (for all attendees) \$ _____

Submit with Full Payment to WOWRA | PO Box 833 | Germantown, WI 53022