

Hilton Milwaukee Center • Milwaukee, WI

Name: _____

Title: _____

Company/Organization:

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____ Fax: _____

Email: _____

I plan to attend: _____ Art Museum Tour _____ Thursday Night
Reception

_____ Thursday Lunch _____ Friday Breakfast

Two ways to register:

Please include payment when submitting registration.

• Fax: (608) 286-0766, Attention: Jami Hartwick (Credit card payment only)

• Mail: WEDA, P.O. Box 1230, Madison, WI 53701-1230

_____ My check is enclosed _____ Please charge my credit card.

_____ Visa _____ Mastercard

Credit Card Number: _____

Expiration Date: _____

Print name: _____

Signature: _____

No refunds after September 15, 2002. A \$30 processing fee will be applied to all
refunds. Conference Fees: Advance Payment.....\$150 At The Door.....\$175

For Hotel Reservations: Call 1-800-445-8667 or 1-414-271-7250

A block of rooms has been reserved at the Hilton Milwaukee Center. Ask for the WEDA rate of \$95.00, available until September 4, 2002. Hilton will accept most major credit cards.