

2017 Fall Convention Registration Form

Name _____ Spouse/Guest Name _____
 Signature(s) _____ / _____
 Business Name _____
 Mailing Address _____
 City/State/Zip _____
 Business Phone _____ Home Phone _____
 Local League _____ Email Address _____

This is my first convention I am a new Member

I would like to contribute \$5.00 of this registration fee to:
 (please check one only)

- TLW Support
 Wisconsin Tavern League Foundation
 CORE (Children of Restaurant Employees)

REGISTRATION FEE PER PERSON

	Member	Non-Member
Full Registration.....	\$50	\$70
Postmarked after September 20, 2017	\$60	\$80
One Day Only.....	\$30	\$35

(Circle one Tuesday/Wednesday)

METHOD OF PAYMENT

Total amount Due \$ _____
 Check # _____
 MasterCard Visa American Express
 Card # _____
 Expiration Date _____ Cardholder Name _____
 Signature _____
 Cardholder Address _____
 City/State/Zip _____

**Please complete and mail this form with payment to:
 TLW, 2817 Fish Hatchery Road, Fitchburg, WI 53713-5005**