

2018 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 21, 2018	\$60	\$80
One Day Only.....	\$30	\$35

(Circle one Tuesday/Wednesday)

METHOD OF PAYMENT

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

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

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