

EMERGENCY SERVICES CONFERENCE 2012 REGISTRATION – PAGE 1

Name (Last, First, MI)		Student ID # OR Social Security #		Date of Birth (month,day,year)	
Maiden Name (if applicable)		Street Address		City, State, Zip	
School District – Legal Resident of Student		Township/Village/City		County	State
Home Phone	Work Phone	Cell Phone	Email Address		
Name of High School (Required if under age 23)		City & State of High School	Year Graduated	Highest Grade Completed	GED Year _____ HSED Year _____

All prospective students in good standing are admitted into course if class space is available upon submission of this registration form. The following information is requested for state and federal reporting purposes.

Gender: Male Female

Racial Identity: check all that apply Black/African American Asian White

Native Hawaiian/Other Pacific Islander American Indian/Alaska Native

Ethnicity: Hispanic/Latino (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin (regardless of Race)

Conference Fees	*Early Bird Pay & Register before midnight 1/31/12	Regular Fees After 1/31/12	Payment Method (Payable to WITC) Check or Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card: MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Credit Card # _____ Name on Credit Card _____ Exp. Date ____-____ Signature _____
4 hours	\$45	\$60	FOR OFFICE USE ONLY Term _____ Employer # _____ Course Fees \$ _____ Rec'd by _____ Date _____
8 hours	\$80	\$100	
12 hours	\$130	\$150	
16 hours	\$160	\$200	
20 hours	\$200	\$250	
24 hours	\$240	\$300	

* To receive the Early Bird discount price, your registration form **AND CHECK, CASH, OR CREDIT CARD #** must be received/postmarked before midnight on 1/31/2012.

If you are age 62 or better, call for senior pricing

If an agency or employer is paying your tuition, a written authorization **MUST** be filled out.
Authorization for Payment DOES NOT constitute payment for the Early Bird discount.
 To receive Early Bird discount, CHECK, CASH, OR CREDIT CARD # must accompany registration form.

This form is Authorization For Payment to Wisconsin Indianhead Technical College for the following person who is attending the WITC Emergency Services Conference 2012.

Employer/Sponsor/Agency _____

Address _____ City/State/ZIP _____

Telephone _____ Email _____

Authorizing Signature _____ Authorizing Name (print) _____

Name of Student _____ Days of Attendance _____

NOTE: Authorization for Payment DOES NOT constitute payment for the early bird discount. To receive early bird discount, check, cash, or credit card # MUST accompany registration form. If you have any questions, please contact Carolyn Anderson at 800-243-9482, Ext. 4319. Early bird deadline is midnight, January 31, 2012

2012 Emergency Services Conference Break-out choices

Student Name _____ Agency Name _____

Directions:

- 1) Read through the session descriptions and choose the all day (8 hour) or half day (4 hour) sessions you want to attend
- 2) Place an 'x' in front of each session day/time you will attend on the left side of the day
- 3) Write the class number you want to attend in the appropriate line on the right side of the day; add second choice and third choice in case first choice session is filled or closed

			First choice	Second Choice	Third Choice
—	Thursday	8 hr	_____	_____	_____
_____	Thursday pm	4 hr	_____	_____	_____
_____	Friday	8 hr	_____	_____	_____
_____	Friday am	4 hr	_____	_____	_____
_____	Friday pm	4 hr	_____	_____	_____
_____	Fri-Sat	16 hr	_____		
	Wilderness Search (60 students max)				
	Please fill out second and third choice for Friday and Saturday				
_____	Saturday	8 hr	_____	_____	_____
_____	Saturday am	4 hr	_____	_____	_____
_____	Saturday pm	4 hr	_____	_____	_____

_____ = **Total hours of instruction for the conference**

Your completed **TWO PAGE** registration form, **AND PAYMENT**, can be mailed, e-mailed as a PDF attachment, faxed or phoned in. **Mail:** WITC Rice Lake, ATTN: Carolyn Anderson, 1019 South Knowles Ave, New Richmond, WI 54017
E-mail: carolyn.anderson@witic.edu **FAX:** 715-246-2777, ATTN: Carolyn **Phone:** 800-243-9482 or 715-246-6561, ext. 4319