



44th ANNUAL WAAODA CONFERENCE
“Science, Treatment, & Wellness in Collaboration for a Holistic Recovery”
May 10, 11, and 12, 2010
 Marriott West ~ 1313 John Q Hammons Drive ~ Middleton, Wisconsin 53562

Name: _____ Date: _____

Organization: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Fax: _____

E-Mail: _____

Special Dietary Needs (if any): _____

WAAODA Member?: Individual Small Business No – Expiration Date: _____

Purchases/Fees:

3 DAY ATTENDANCE:

- \$400 – individual WAAODA membership
- \$425 – nonmember

15% GROUP DISCOUNT (5 or more):

Organization or Group Payee Name: _____

- \$340 – per person member
- \$360 – per person nonmember

1 OR 2 DAY ATTENDANCE:

- \$200 – One day – Day Attending: Monday Tuesday Wednesday
- \$300 – Two day – Days Attending: Monday Tuesday Wednesday

RETIREE/STUDENT – 1 DAY ONLY ATTENDANCE

- \$150 retired – Day Attending: Monday Tuesday Wednesday
- \$150 student – Day Attending: Monday Tuesday Wednesday

Copy of student ID is required for student discount

EXHIBITOR -- \$450

MEMBERSHIP \$25

Transaction: Sale Return

Cash Total Amount \$ _____ Check # _____ Total Amount \$ _____

Credit Card -- Name: _____ Exp. Date: _____

Credit Card # _____ Visa MasterCard

Confirmation Code: _____

Thank you for participating in the 2010 WAAODA Conference!