

**WFIC REGISTRATION FORM**

**CONFERENCE REGISTRATION FORM MUST BE RECEIVED BY April 24, 2021.**

I am registering  Myself  Myself & Spouse/Guest

For  Full Program  Thursday only  Friday only  
 Luncheon only  Banquet only

Name \_\_\_\_\_

Designation(s) \_\_\_\_\_

Society \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_

NPN License Number \_\_\_\_\_

Spouse/Guest \_\_\_\_\_

Are You a First time Attendee? \_\_\_\_\_

Are You a Military Veteran? \_\_\_\_\_

**Please Make Thursday Dinner Selection:**

Steak

Chicken

Vegetarian

**Please note any dietary concerns/restrictions**

\_\_\_\_\_

My check is enclosed for \$ \_\_\_\_\_

Return registration and check to  
Joe Steiner, FICF  
N3874 County Road C  
Kewaunee, WI 54216  
(920) 255-4082

Make checks out to "WFIC"  
(Call or Email Joe for Credit Card  
payments and I will send you an  
invoice through Square)