



WPPA 2013 - 117th ANNUAL SPRING CONVENTION
February 22nd-25th, 2013 - Paper Valley Hotel, Appleton, WI
ADVANCE CONVENTION REGISTRATION FORM

COMPANY NAME: _____ **PHONE #** _____

REGISTRATION CATEGORIES AND FEES

All persons attending MUST be registered, including non-working family members.

	<u>Postmarked by 2/8</u>	<u>by 2/15</u>	<u>At Convention</u>
WPPA MEMBERS*.....	\$150.00	\$180.00	\$210.00
LIFE & HONORARY MEMBERS.....	\$0.00	\$50.00	\$75.00
EMPLOYEES (includes working family).....	\$150.00	\$180.00	\$210.00
ONE DAY (with two full-paid registrations).....	\$75.00	\$100.00	\$125.00
ONE DAY (WPPA Members*).....	\$100.00	\$150.00	\$180.00
OUT-OF-STATE (IA, IL, IN, MI, MN)**.....	\$150.00	\$180.00	\$210.00
IMMEDIATE FAMILY***.....	\$75.00	\$105.00	\$135.00
CHILDREN (Under 17 years).....	\$0.00	\$30.00	\$60.00
PARTY PASS (Immediate Family)****.....	\$50.00	\$75.00	\$100.00
NON-WPPA MEMBERS.....	\$350.00	\$380.00	\$410.00

*Includes Primary, Honorary Life, Associate, Student, Retired

** Proof of Membership of local association required (current certificate or paid invoice)

*** Limited to family members 17 years and older, not in photography or working less than 10 hours per week in photography.

**** 17 years and older for the Awards Gala admittance. No Program or Trade Show admittance.

Clearly print the name of each person attending the convention. Use a separate Registration Form for more than four attendees. REGISTRATIONS RECEIVED POSTMARKED AFTER FEBRUARY 15th WILL BE AT "CONVENTION RATE".

ATTENDEE 1

_____	_____
Last Name	First Name
Category: _____	
Registration Fee: \$ _____	
Attending the Sunday Evening Gala? () Yes () No	
First Convention? () Yes () No	

ATTENDEE 2

_____	_____
Last Name	First Name
Category: _____	
Registration Fee: \$ _____	
Attending the Sunday Evening Gala? () Yes () No	
First Convention? () Yes () No	

ATTENDEE 3

_____	_____
Last Name	First Name
Category: _____	
Registration Fee: \$ _____	
Attending the Sunday Evening Gala? () Yes () No	
First Convention? () Yes () No	

ATTENDEE 4

_____	_____
Last Name	First Name
Category: _____	
Registration Fee: \$ _____	
Attending the Sunday Evening Gala? () Yes () No	
First Convention? () Yes () No	

PAYMENT: Total Amount Due: \$ _____ *All Registration fees are non-refundable.*

Enclose a check payable to WPPA or Credit Card information. Visa MasterCard Discover
 CC# _____ - _____ - _____ - _____ CC Exp Date: ____/____ V-code: _____
 Address: _____ City: _____ Zip: _____

You can also register on-line at www.wppa-online.com - Same rates and deadline dates apply.

MAIL TOP COPY TO: (Retain bottom copy for your records)

Deb Wiltsey, WPPA Exec. Coord. at 1602 South Wisconsin Avenue - Racine - WI - 53403

Questions? Call the toll-free WPPA number at 866-382-9772 or e-mail inquires to dwiltsey@hotmail.com