

Convention Registration



Name: _____
 Email: _____
 PTA: _____ Region: _____
 Address: _____
 City: _____ Zip Code: _____
 Phone Number: _____
 Allergies/Medical Concerns/ Special Dietary Needs: _____

WI PTA
 110th Annual
 Wisconsin PTA
 Convention
 April 12-14,
 2019
 Embassy
 Suites
 Brookfield, WI

Registration Fees - Please place an "x" in the box following your selection

	Before 3/25/19	3/25/19 or later	
Member Complete with all Convention meals	\$ 125.00	\$ 150.00	
Non-Member Complete with all Convention meals	\$ 140.00	\$ 165.00	
Saturday only Complete with all Saturday meals	\$ 100.00	\$ 125.00	
Saturday Awards Dinner Only	\$ 25.00	\$ 35.00	
Sunday only Complete with meal	\$ 50.00	\$ 75.00	
Reflections Luncheon Only	\$ 15.00	\$ 30.00	

Meal Details

Exhibit Fair Luncheon Buffet — Corn & Flour Tortillas, Seasoned Ground Beef, Spanish, Rice, Black Beans, Lettuce, Cheese, Pico De Gallo, Starbucks Pike Place Roast Coffee & Starbucks Tazo Teas

Awards Dinner— All entrees are served with sour cream & garlic mashed potatoes and 4-way vegetable blend

Please select your Awards Dinner & Reflections Lunch main entrée choice below:

Awards Dinner:	Beef Tips & Gravy	Chicken Cordon Bleu	Vegetable Turnover
Reflections Lunch:	Herbed Rubbed Chicken	Pretzel Pork Cutlet	Santa Fe Salad

Hotel Accommodations:

We have arranged a block of rooms available at the Embassy Suites by Hilton Milwaukee-Brookfield, 1200 S. Moorland Road, Brookfield, WI 53005. The hotel will take reservations on an individual basis directly at the Reservations Department at (262) 782-2900. Please request the group rate for Wisconsin Parent Teacher Association (WI PTA). **You will need to give your tax-exempt number when making the reservation & provide a copy at check-in.**

The Wisconsin PTA group rate of \$129.00/night for single/double occupancy. Each additional person will be \$20.00 per person **BEFORE MARCH 29, 2019.**

Verification of membership, Unit President signature required:

I verify that _____

is a voting member _____ or a non-voting member _____ of _____ PTA/PTSA/Council

Name: _____ Signature: _____

Registration Form and Payment must be received in the State Office on/before the specified dates

**Wisconsin PTA
 4797 Hayes Road
 Suite 102
 Madison, WI 53704**

**Please contact us, if you have questions:
 608-244-1455
 info@wisconsinpta.org**

To help our volunteers, please indicate which ribbons you have earned:

LEADers I LEADers II
 LEADers III Honorary Life



**Thank you to our
 2018 – 2019
 Annual Sponsors!**

