

REGISTRATION FORM

WS&DSA 2024 JAIL CONFERENCE

Only one registration per form.

ATTENDEE INFORMATION

Full Name _____ Title _____

Agency/Organization _____

Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Email _____

Do you have any dietary or specialty needs? _____

REGISTRATION TYPES & FEES

**Price in parentheses rate after September 1, 2024.*

Registration Levels		
WS&DSA Members	\$150 (\$160)	\$
Non-Members*	\$175 (\$185)	\$
Retired Members	\$45	\$
<i>*Non-Member registration includes membership for 2024, expires December 31, 2024.</i>		
	TOTAL	\$

PAYMENT

Make checks payable and return with form to:

WS&DSA, 6737 W. Washington St., Suite 4210, Milwaukee, WI 53214.

To pay by credit card call the WS&DSA Office at 414-488-3906 to pay over the phone. Credit card information sent by email will not be accepted.

Questions? Please contact the WS&DSA Office at 414-488-3906 or info@wsdsa.org.