

W.I.S.P. Registration Form

Name : _____ (please print)

Address: _____

City, State, Zip Code: _____

Email Address: _____

Phone Number: _____

(Please submit a form for each person registering and include with your payment)

Mail Payment to:

W.I.S.P.
P.O. Box 322
Maxwell, IA 50161

Disclaimer: Money is non-refundable after April 8th, 2008. Registration for conference does not include the cost of the investigation. The staff reserves the right to move the venue for the conference to a secure location if inclement weather presents or if registration increases and a larger venue is needed. The registrant agrees to release the staff, the sponsors, and the volunteers from any and all personal liability while participating in the event. By signing the registration form guests agree to these terms.

Signature: _____ Date: _____

(Print this form and sign, for each person registering and mail with your payment)