

# REGISTRATION

NCHPBA/HPBA Member Fee	Non-Member Fee
\$89/person per day	\$135/person per day
<b>If pay by 4/10/19</b> then the per person fee is \$69.	<b>If pay by 4/10/19</b> then the per person fee is \$105.
If three or more people from the same company register together, then the fee is either \$79/day or \$59/day (if pay by 4/10/19)	If three or more people from the same company register together, then the fee is either \$119/day or \$89/day (if pay by 4/10/19)

Company \_\_\_\_\_

Address \_\_\_\_\_

City / State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email of primary contact \_\_\_\_\_

Include names of registrants below and check which site they will be attending

Names	Rothschild, WI May 7	Rochester, MN May 9
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

MEMBER FEES		
# _____ @ \$89/ea	(if <b>paying after</b> 4/10/19)	\$ _____
# _____ @ \$69/ea	(if <b>paying before</b> 4/10/19)	\$ _____
# _____ @ \$79/ea	(if <b>three or more</b> from same company <b>paying after</b> 4/10/19)	\$ _____
# _____ @ \$59/ea	(if <b>three or more</b> from same company and <b>paying before</b> 4/10/19)	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

Non NCHPBA/HPBA Member Fees		
# _____ @ \$135/ea	(if <b>paying after</b> 4/10/19)	\$ _____
# _____ @ \$105/ea	(if <b>paying before</b> 4/10/19)	\$ _____
# _____ @ \$119/ea	(if <b>three or more</b> from same company <b>paying after</b> 4/10/19)	\$ _____
# _____ @ \$89/ea	(if <b>three or more</b> from same company and <b>paying before</b> 4/10/19)	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

**Make check payable to CATE and mail to:**

**6158 Briggs Road  
Waunakee, WI 53597**

Call for Questions: 608-829-2580 or 608-516-1315