

Annual Conference and Membership Meeting of the Ice Age Trail Alliance

Thursday, April 15 — Saturday, April 17, 2021

ROYEN A DIR

Conference Registration Form

| Participant 1: |
|--------------------------------------|
| First Name: |
| Last Name: |
| Street Address: |
| City, State, Zip: |
| Phone: |
| Email: |
| |
| Participant 2: |
| First Name: |
| Last Name: |
| |
| Street Address: |
| Street Address: City, State, Zip: |
| |

Conference Registration Options

Please let us know which portions of the conference you plan to attend:

□ Household Full Conference – \$75.00

□ Student Full Conference (age 25 and under) – \$25.00

General Membership Meeting ONLY (Friday, April 16 at 1:00 pm) – FREE

Awards Ceremony ONLY (Friday, April 16 at 6:00 pm) – FREE

What is your age range?

Participant 1:

- Under 18
- 18 25
- 26 34
- 35 44
- 45 54
- 55 64
- 64 74
- □ 75+
- □ I prefer not to state my age

Participant 2:

- Under 18
- 18 25
- 26 34
- 35 44
- 45 54
- □ 55 64 □ 64 - 74
- 04 -
- □ 75+
- □ I prefer not to state my age

How many Ice Age Trail Alliance Annual Conferences have you attended?

Participant 1:

- ☐ This is my first one.
- □ 1-3
- $\Box 4 6$
- 7-9
- □ I stopped counting after 10

Participant 2:

- ☐ This is my first one.
- 1 3
- □ 4 6
- □ 7 9
- □ I stopped counting after 10

How did you hear about the Ice Age Trail Alliance Annual Conference?

Participant 1:

- Friend or Relative
- □ Local Chapter
- □ Mammoth Tales
- □ Social Media
- □ Alliance Website

Participant 2:

- ☐ Friend or Relative
- ☐ Local Chapter
- Mammoth Tales
- Social Media
- Alliance Website

If you need an accessibility accommodation, or have any other information you'd like us to know, please provide it here:

Are you a member of the Ice Age Trail Alliance?

Participant 1: ___YES ___NO Participant 2: ___YES ___NO

CHECKS Payment information: Make checks payable to UW-Madison

CREDIT CARD Payment information:

Name as it appears on credit card: _____

Address: _____

City:______State:_____Zip code _____

Credit card #:

CVV code: _____ Expiration date: _____

Please charge \$______ to my credit card.

Please send the Annual Conference Registration form to:

Pyle Center 702 Langdon St. Attn: Registrations Rm 139 Madison, WI 53706

Registration form must reach Pyle Center by Friday, April 2, 2021

CANCELLATION POLICY:

The 2021 virtual Annual Conference and Membership Meeting will be recorded and made available after the event to all paid registrants. If you are registered, but unable to attend during the noted times, you will have access to all the sessions that take place. For this reason, we are not offering any refunds.