

2017 Wisconsin Statewide Payroll Conference Registration Form

Sign up by August 25th to be included on the attendee list. Conference is limited to the first 150 that register.

PLEASE PRINT CLEARLY

Attendee Name: _____ CPP FPC

Title: _____

National APA Member? Yes No APA Membership Number: _____

Company Name: _____

Address _____

State, City, Zip: _____

Phone _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Please indicate your breakout session preference (we will try accommodated all requests, but space is limited for each):

- 1) ___ Garnishments ___ Collections ___ Metrics
- 2) ___ Cash Cards ___ Global Payroll ___ Controls, SOX, & Fraud
- 3) ___ Project Management ___ ACA ___ Common Causes of Overpaid Employment Taxes
- 4) ___ Continuous Process Improvement ___ Change Management ___ Canadian Payroll

Conference Fees:

| | |
|---|----------|
| Non-member of Madison Chapter | \$225 |
| Madison Chapter Member | \$200 |
| Guest for Thursday lunch & speaker | \$25 |
| Guest for Thursday dinner and entertainment | \$40 |
| Guest for Friday lunch & speaker | \$25 |
| Total Paid: | \$ _____ |

Please indicate any dietary restrictions _____

Mail registration form and payment to: **OR**

Greater Madison Area Chapter of the APA

PO Box 5263

Madison, WI 53705-5263

Pay online & mail or email your form:

Online Pay: <http://www.greatermadisonapa.org/>

Name on credit card: _____

Email form to: wistatewide2017@gmail.com

or mail to address on the left

Receipt of registration will be acknowledged via e-mail from: WI Statewide Payroll Conference 2017 (wistatewide2017@gmail.com)

Cancellation Policy—100% refund of conference fees if requested by September 5th, 2017

“The Greater Madison Area Chapter is affiliated with American Payroll Institute, Inc. (dba American Payroll Association) but is an autonomous and independent organization. American Payroll Institute, Inc. is not responsible for the liabilities, statements, or activities of any of its affiliated chapters.”