



Please complete the below registration form for **WinterFest** February 4-6 in Wausau, WI. Up to 3 attendees from the same office may use the same registration form.

Clinic Info	Doctor Name _____
	Clinic Name _____
	Clinic Address _____
	City/ State/Zip _____
	Email _____ Phone _____
	Are you a CSW Member? YES NO

Pricing Guide (Member / Non-Member):				
	Doctor	CT&CRT	Student	Guest
11/15-12/15	\$249 / \$349	\$79/ \$99	\$0 / \$29	\$0 / \$29
12/16-1/14	\$299 / \$399	\$99/ \$119		
1/15-1/28	\$349 / \$449	\$119 / \$139		

Attendee 1	Name _____ Ticket Type _____
	Friday: Zingers and Flingers (\$20) <input type="checkbox"/> Horse-Drawn Sleigh Ride (\$15) <input type="checkbox"/>
	Saturday: Candlelight Yoga <input type="checkbox"/> Ice Skating <input type="checkbox"/> Nine Mile Forest Adventure (\$7) <input type="checkbox"/>
	Total Price _____

Attendee 2	Name _____ Ticket Type _____
	Friday: Zingers and Flingers (\$20) <input type="checkbox"/> Horse-Drawn Sleigh Ride (\$15) <input type="checkbox"/>
	Saturday: Candlelight Yoga <input type="checkbox"/> Ice Skating <input type="checkbox"/> Nine Mile Forest Adventure (\$7) <input type="checkbox"/>
	Total Price _____

Attendee 3	Name _____ Ticket Type _____
	Friday: Zingers and Flingers (\$20) <input type="checkbox"/> Horse-Drawn Sleigh Ride (\$15) <input type="checkbox"/>
	Saturday: Candlelight Yoga <input type="checkbox"/> Ice Skating <input type="checkbox"/> Nine Mile Forest Adventure (\$7) <input type="checkbox"/>
	Total Price _____

Total	Total

Payment	Name as it appears on the card _____
	Card Number _____ Exp ____ / ____ CVV _____
	Billing Address _____
	City/ State/Zip _____
	*Checks may be made out to "Chiropractic Society of WI" sent to CSW, PO Box 259506, Madison, WI 53725.

Authorized Signature _____

Registration closes January 28, 2022. Registration cancellations will be accepted until January 21, 2022 for a full refund excluding a \$10 processing fee. There will be no refunds for cancellations after January 21, 2022.

Please return form via PO Box 259506, Madison WI 53725 | Fax: 608-824-2205 | events@chiropracticsocietywi.org