_ast Name	First Name				
Home Phone ()	Local Tech College District #		_ # years teaching		
School Dist	School Name				
School Address					
School City	State	Zip	E-mail:		
Check appropriate boxes below & to	otal amount due. (To pay fees wit	th a credit card go	to the WTEA website)	
Membership Fees: [] 3 year memb	oership - \$90.00	ship - \$90.00 [] 1 year membership - \$35.00			
Spring Conference EARLY BIRD Reg	gistration (Must b	e postmarked b	by December 20, 2	2023)	
[] \$145 members		[] \$180 non-members		\$	
Spring Conference Registration (After	er Postmarked date	e of December	20 , 2023):		
[] \$165 members	[] \$200 non-members		\$		
WTEA Awards Banquet - Wed. Mar. 6	oth (Tickets must b	e purchased in	advance): []\$32	2 \$	
[] Bill my school district - purchase o	order is attached	[] Payment e	enclosed T	otal \$	
	(920) 904-2747 • ACH payment pleas DEADLINE FOF e - \$149 • Two-bedr ns 1-833-621-4953	E-mail: jc.wtea e contact the WT R CONFEREN oom Condo - \$22 • WI Technolog	a@gmail.com EA for new bank rou ICE RATES - 2/ 29 • Three-bedroom gy Education 2024	uting. 20/2024 n Condo - \$399 Booking ID# J28197	