

# Spring Celebration

Friday, April 12, 2019  
Green Bay, WI



INDIVIDUALS ATTENDING	LAST 4 DIGITS OF SSN ONLY FOR THOSE ATTENDING FOR SFI CREDIT. WILL BE KEPT CONFIDENTIAL	PLEASE CHECK ONE			
		MEMBER NO CREDIT \$15	MEMBER W/CREDIT \$25	NON-MEMBER \$40	NON-MEMBER W/CREDIT \$40
		<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"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# OF GLTPA MEMBERS **NO** CREDIT \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_  
 # OF GLTPA MEMBER **WITH** CREDIT \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_  
 # OF NON-MEMBERS \_\_\_\_\_ x \$40 = \$ \_\_\_\_\_

**All walk-ins will be charged an additional \$5.**

**TOTAL AMT. ENCLOSED** \$ \_\_\_\_\_

**PLEASE PRINT CLEARLY.**

Contact Person \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Make Checks Payable to GLTPA**

I would like to charge my: Visa      Mastercard      Discover      American Express (CIRCLE CARD TYPE)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_      Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature: \_\_\_\_\_

**PLEASE RSVP BY FRIDAY, MARCH 29, 2019!**