



First Name _____ MI _____ Last Name _____

Employer or Perfusion School: _____

Preferred Mailing Address: _____

Preferred Phone Number: _____ Preferred E-mail Address: _____

Year that you started in Perfusion _____ Credential: CCP _____ CP _____ BE _____ BS _____ Other _____

**2009 Wisconsin Perfusion Society Spring Meeting
April 3 – 5, 2009
Kalahari Resort & Convention Center
Wisconsin Dells, WI**

Will you be attending the 2009 Spring Meeting? Yes _____ No _____
Will you be attending the Friday Evening Program/Dinner? Yes _____ No _____
If YES, will you be bringing a guest for dinner (\$28.00 additional cost)? # of Guest/s _____

Fees: \$ 75.00 for **Class A** _____ Includes Membership & Meeting Fees.
Class C-Perfusionist (Class C/P) _____ Includes Membership & Meeting Fees.
Class C-Other (Class C/O) _____ Includes Membership & Meeting Fees.

For those Class A, Class C/P and Class C/O members **NOT** attending the meeting, WPS Membership Fee is **\$10.00**.

Fees: \$ 10.00 for **Class A-Retired** _____ Includes Membership & Meeting Fees.
Class B (Student) _____ Includes Membership & Meeting Fees.

Total Fees Paid: _____ Paypal _____ Check # _____ Cash _____

Please make Checks to: **Wisconsin Perfusion Society**

Accommodations

Kalahari Resort & Convention Center (877) 253-5466 \$169.00-\$189.00 per night

Alternative Accommodations within One Mile of the Kalahari Resort

Great Wolf Lodge (608) 253-2222
Ramada Limited (800) 845-2251
Wintergreen Resort (800) 645-4765

Please return form along with check or money order to:

Anna R. Young, CCP
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Oregon, WI 53575-2264
Home E-mail: aryoung77@yahoo.com (For questions)

www.wisperfusion.org