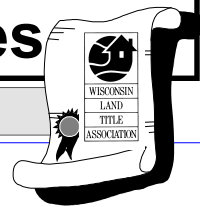


# Registration Form-WLTA Certificate Courses



You may only take one class per day as each individual course starts at 9:00 a.m. and ends at approximately 3:30

## Thursday, March 8, 2012

### The Kalahari Resort-Wisconsin Dells

#### Certificate Course I

\_\_\_\_\_ Member \$150.00  
\_\_\_\_\_ Non Member \$250.00

#### Certificate Course III

(Indicate Level of experience in legal descriptions)

Beginning Level \_\_\_\_\_

Intermediate Level \_\_\_\_\_

\_\_\_\_\_ Member \$150.00  
\_\_\_\_\_ Non Member \$250.00

#### Certificate Course V

\_\_\_\_\_ Member \$150.00  
\_\_\_\_\_ Non Member \$250.00

## Friday, March 9, 2012

### The Kalahari Resort-Wisconsin Dells

#### Certificate Course II

\_\_\_\_\_ Member \$150.00  
\_\_\_\_\_ Non Member \$250.00

#### Certificate Course IV

\_\_\_\_\_ Member \$150.00  
\_\_\_\_\_ Non Member \$250.00

#### Certificate Course VI

\_\_\_\_\_ Member \$150.00  
\_\_\_\_\_ Non Member \$250.00

\*\*\*\*\* **DO NOT CUT THIS PORTION APART** \*\*\*\*\*

**Course Fees from above:** \$150 Members per course, \$250 Non Members per Course \$ \_\_\_\_\_

#### **Surcharge for taking Courses out of Order**

Add \$25 if you are taking an above Course Out of Sequential Order or if you wish to take any one single free standing course with no intention of completing the entire series.

\$ \_\_\_\_\_

**Test-Out Fees for Course(s) # \_\_\_\_\_ (Indicate which course you wish to test-out of)** \$ \_\_\_\_\_

Test-Out means you are taking the exam and **NOT** the Class. **Price is the same as the full course fees above.** You must be on site by not later than 1:30 p.m. to take the exam

**Total** \$ \_\_\_\_\_

**PLEASE only one attendee per form: (Feel free to copy this form)**

**Name** \_\_\_\_\_  
**PLEASE PRINT CLEARLY AND MAKE SURE THE SPELLING OF THE NAME IS CORRECT FOR YOUR NAME BADGE. THANKS**

**Company** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Email** \_\_\_\_\_

Do you have special needs, diet or a disability that requires special assistance services? Yes No  
If yes, please describe how we can assist. \_\_\_\_\_

Please return this form and check to: Wisconsin Land Title Association P.O. Box 873, West Salem, WI 54669  
608-786-2336 Phone 608-786-2356 Fax Email: kgilster@wlta.org Website: www.wlta.org