



## 2012 Caregivers Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Length of Employment \_\_\_\_\_

WFHS Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Payment Method:  Check  Credit Card

Please apply payment to my credit card:

\_\_\_ MasterCard \_\_\_ Visa \_\_\_ AmEx \_\_\_ Discover Security Code# \_\_\_\_\_

Account # \_\_\_\_\_

Signature \_\_\_\_\_

Please complete this form and mail it, along with payment to:

Fox Valley Humane Association

Attn: Caregivers Conference

N115 Two Mile Road

Appleton, WI 54914

