



2018 Registry Graduation Gala Registration

Complete & return with payment to The Registry, **postmarked by February 16, 2018**. *No late registration will be accepted.*

The Registry | ATTN: Graduation Gala Registration | 2908 Marketplace Drive #103 | Fitchburg, WI 53719 | Fax: 608.222.9779

Section 1: Attendee Information

Name:			
Email:		Phone:	
Attendee Role: Check all that apply.	<input type="checkbox"/> Graduate	Total number of guests attending including graduate:	<input type="checkbox"/> 0
	<input type="checkbox"/> Guest of graduate		<input type="checkbox"/> 1
	<input type="checkbox"/> Instructor		<input type="checkbox"/> 2
	<input type="checkbox"/> Agency Staff		<input type="checkbox"/> 3
	<input type="checkbox"/> Sponsor		<input type="checkbox"/> 4
	<input type="checkbox"/> Other		<input type="checkbox"/> 5

Section 2: Graduate Information

Print your name below as you would like it printed in the Graduation Gala Program.	
Name:	Registry ID#:
Credential Type: Check all credentials awarded in the last calendar year.	<input type="checkbox"/> Administrator
	<input type="checkbox"/> Afterschool & Youth Development
	<input type="checkbox"/> Family Child Care
	<input type="checkbox"/> Inclusion
	<input type="checkbox"/> Infant Toddler
	<input type="checkbox"/> Leadership
<input type="checkbox"/> Preschool	
<input type="checkbox"/> Program Development	
Capstone College(s):	
Degree Recipient:	<input type="checkbox"/> Associate Degree
	<input type="checkbox"/> Baccalaureate Degree
	<input type="checkbox"/> Post-Baccalaureate Degree
Name of Degree and Alma Mater:	

Section 3: Payment Information

Number of attendees	Cost per meal	Total meal cost for attendees
Total number of adult(s) including graduate: _____	X \$20.00	\$
Total number of child(ren) ages 3-10: _____	X \$10.00	\$
Total number of child(ren) 2 and under: _____	FREE	\$ 0.00
Total Amount Due		\$
<input type="checkbox"/> Check or Money Order Included (Checks payable to The Registry) <input type="checkbox"/> Pay with Credit Card → Email electronic invoice to: _____		

Contact The Registry at 608.222.1123, ext. 247, if you need any special accommodations. Please note that by attending this event, you and your guests are granting permission to The Registry and its agents to photograph and record your likeness for future use.