



Registration Form

_____ Chapter Meeting in _____
(date) (location)

Name _____

Company _____

E-Mail _____

Attending Tour Yes _____ No _____

Registration Fee: \$40 per person (Includes: continental breakfast & lunch)

**Please make checks payable to:
IRWA Badger Chapter 17
and mail to:**

Jenny Frese
City of Madison
Office of Real Estate Services
P.O. Box 2983
Madison, WI 57301-2983
Check for \$ _____ is enclosed