

# Employer Record System Training Registration Form

One person per Registration Form, please.

Please print the following information:

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I am registering for training as a:

\_\_\_\_\_ new user, never attended training before.

\_\_\_\_\_ previously trained user, but need a refresher.

Please check the date you wish to attend training:

<u>Training Date</u>	<u>Location</u>	<u>Registration Deadline</u>
_____ Thursday, October 26	Wausau	<b>Monday, October 2</b>
_____ Wednesday, November 1	Madison	<b>Monday, October 2</b>
_____ Tuesday, November 14	Madison	<b>Monday, October 23</b>
_____ Tuesday, November 21	Eau Claire	<b>Monday, October 30</b>
_____ Wednesday, November 29	Milwaukee	<b>Monday, November 6</b>

Please fax your completed registration form to Linda Williamson  
by the registration deadline:

**FAX: 608-267-2392**