



Everything Foodservice

- Registration fees are non-refundable and non-transferable.
- **Registration Deadline: February 5, 2010. There will be no on-site registration.**
- No one under 16 years of age allowed.
- **A ratio of one instructor/chaperone per 4 students is required.**
- **MAIL FORM with payment to:** Wisconsin Restaurant Association, 2801 Fish Hatchery Road, Madison, WI 53713
- Faxed forms will not be accepted. Incomplete registration forms will be returned to the instructor.

STUDENT COMPETITOR FORM

Contact Bryan Mowry at 800.589.3211 with questions.

Registration Deadline - February 5, 2010

\$30 Registration Fee • No on-site registration

Operation Type

Check up to three that apply to the operation you work for:

- A. Attractions/sports
- B. Bakery
- C. Bar/lounge
- D. Catering/banquet
- E. Club (public/private)
- F. Coffee shop
- G. Correctional institution
- H. C-store
- I. Deli
- J. Grocery
- K. Hospital/healthcare
- L. Hotel/motel/resort foodservice
- M. Hotel/motel/resort operations
- N. Kiosk/vending carts
- O. Office/plant
- P. Pizza
 - Q. Restaurant chain
 - Q1 Quick service
 - Q2 Fast casual
 - Q3 Full service
 - R. Restaurant independent
 - R1 Quick service
 - R2 Fast casual
 - R3 Full service
- S. School/college

Information

Have you attended any other foodservice trade shows this past year?

- yes no

Is your employer a member of the Wisconsin Restaurant Association?

- yes no

How many days do you plan on attending?

- 1 2 3

Wisconsin Restaurant Expo Badges will be prepared in advance and distributed to you and your students on-site.

Instructor

School Name

Student Home Address (Address information needed for PR and scholarship delivery.)

City

State

Zip

County

Phone

Email Address

Badge Information

Student Name

Employer (Employer must be a foodservice or hospitality industry operator. **Otherwise**, please list your high school.)

City

State

- Check here if you need assistance which falls under the Americans With Disabilities Act. (WRA will contact you.)

Job Code: 7. Employee 10. Student

Competition: Management OR Culinary

Payment Information

Full payment must accompany this form or registration will not be processed. Checks should be made payable to **Wisconsin Restaurant Association**

Charge my total to: AMEX DINERS CLUB DISC MC VISA

Card # _____ Exp. Date (mm/yyyy) ____/____

Cardholder Name

Signature

- Check here if you would like a credit card receipt.

PO

TOTAL \$30

Office use only

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