

**Registration Fee Request Form**

Please complete this form and attach one of the following:

- A copy of the completed event registration form, or
- Documentation indicating the conference name, dates, location, fees, and what is included in the fees (e.g. a flyer, brochure, etc.)

Name of Conference or Event: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Mailing Address:

Name of Attendee: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Attendee: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Attendee: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Attendee: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Attendee: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Attendee: \_\_\_\_\_ Amount: \_\_\_\_\_

Name of Attendee: \_\_\_\_\_ Amount: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Date(s) of Conference: \_\_\_\_\_

Location of Conference: \_\_\_\_\_ Date Required: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_

UWL Account to Be Billed: \_\_\_\_\_

Fund (3)   Program (1)   Department (6)   Account (4)

Approval Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Send this form with attachments to 125 Graff Main Hall.

**BUSINESS SERVICES**  
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