

Registration Form



June 3 & 4, 2026

La Crosse Center, La Crosse WI

Registration Fee: \$225

Company: _____

Name: _____ Email _____

City: _____ State: _____

Attend Post Conference: Yes _____ No _____

Opt out of having my email shared with event sponsors and exhibitors. Yes _____

Name: _____ Email _____

City: _____ State: _____

Attend Post Conference: Yes _____ No _____

Opt out of having my email shared with event sponsors and exhibitors. Yes _____

Name: _____ Email _____

City: _____ State: _____

Attend Post Conference: Yes _____ No _____

Opt out of having my email shared with event sponsors and exhibitors. Yes _____

La Crosse Hotels Link:

<https://www.playeasy.com/events/66c679dd-21a9-4b17-a3b0-851bcde0e1f6>

Make checks payable to "WABA" or charge as indicated below

Card Number _____

Exp. Date _____ CVV Code _____

Name on Credit Card _____

Email for receipt _____

WABA, 2801 International Ln, Ste 105, Madison WI 53704

denise@wiagribusiness.org FAX: 608-223-1147