

Registration Form

June 11 & 12, 2025
La Crosse Center, La Crosse WI

Registration Fee: \$225

Company:	
Name:	Email
City:	State:
Name:	Email
City:	State:
Name:	Email
City:	State:
Name:	Email
City:	State:
1e65a7af/hotels/specials Make checks payable to "WA	n/events/eb9f9687-b574-4676-90c7- ABA" or charge as indicated below
	Code
Email for receipt	

WABA, 2801 International Ln, Ste 105, Madison WI 53704 denise@wiagribusness.org

FAX: 608-223-1147