

REGISTRATION FORM

2026 Annual Convention – March 13-14, 2026 – KI Convention Center, Green Bay, WI

Wisconsin State Firefighters Association

PO Box 267
Mazomanie, WI 53560
(608) 401-1650
wsfa@wistateff.org



ATTENDEE REGISTRATION FORM

ATTENDEE FIRST NAME	ATTENDEE LAST NAME
ATTENDEE MAILING ADDRESS	ATTENDEE TELEPHONE NUMBER
ATTENDEE EMAIL ADDRESS	DEPARTMENT NAME

THURSDAY EVENING LAMBEAU FIELD TOUR – 1 HOUR CLASSIC TOUR	
<input type="checkbox"/> ADULT \$15 (AGE 18+) _____	Please indicate the number of each age group on the line after the age group selection.
<input type="checkbox"/> YOUTH \$11 (AGE 6-17) _____	
<input type="checkbox"/> CHILD FREE (AGE 0-5) _____	

REGISTRATION	FRIDAY & SATURDAY LUNCH TICKETS	BANQUET TICKETS
<input type="checkbox"/> WSFA MEMBER \$100	<input type="checkbox"/> ATTENDEE FRIDAY LUNCH \$0	<input type="checkbox"/> WSFA MEMBER \$45
<input type="checkbox"/> WSFA NON-MEMBER: \$120	<input type="checkbox"/> ATTENDEE SATURDAY LUNCH \$0	<input type="checkbox"/> WSFA MEMBER GUEST \$45
	<input type="checkbox"/> GUEST FRIDAY LUNCH \$25	<input type="checkbox"/> NON-MEMBER \$55
	<input type="checkbox"/> GUEST SATURDAY LUNCH \$25	<input type="checkbox"/> NON-MEMBER GUEST \$55

HELPFUL INFORMATION
For registered attendees, your lunch on Friday and Saturday is included in your registration cost. PLEASE MARK THE BOXES NEXT TO THE ATTENDEE LUNCH FOR EACH DAY IF YOU PLAN TO EAT THE PROVIDED LUNCH.

FEE AND PAYMENT INFORMATION
TOTAL AMOUNT DUE: _____
Pay By Credit Card: VISA, MC, DISCOVER, AM EX – Note: a 4% fee will be added to all credit card payments
Card Number: _____ Exp. Date: _____ 3-Digit Code: _____
Name On Card: _____ Billing Address Zip Code: _____
Or pay by check: mail to WSFA PO Box 267 Mazomanie, WI 53560