



CROHN'S & COLITIS FOUNDATION OF AMERICA

WISCONSIN CHAPTER

Laughter & Medicine 2010 Registration Form

Saturday, February 6, 2010
Country Springs Hotel
2810 Golf Road, Waukesha, WI 53187

<p>Name _____ Address _____ City _____ State _____ Zip _____ Daytime phone: (____) _____ Email: _____ # Of Adults _____ # Of Children/teen ages 5-11 _____ 12-17 ages: _____ # Of Children under 5 _____</p>	<p>Circle one: M/C VISA DISCOVER AMEX Card # _____ Exp _____ (MM/YY) 3 digit code ____ Signature _____ <input type="checkbox"/> I have enclosed a check</p>
--	---

Please Return Completed Registration Form to:

CCFA – WI
1126 South 70th Street
Milwaukee, WI 53214