

Wisconsin Association of Women Police Annual Training Conference

Participant's Name: _____

Rank: _____

Agency: _____

Address: _____

Phone: _____

Email: _____

(Confirmation is done through email)

T-Shirt Size: S M L XL 2XL

Member Non-Member

Payment Total Enclosed: \$_____ (DOJ vouchers accepted)

Make check payable to WAWP, and mail to:

WAWP
P. O. Box 2338
Madison, WI 53701

For More Information

Pia Kinney James - 608-332-2451, or togramz@aol.com
Jamie Kuhn - 920-373-1479, or vp1@wawp.org

www.WAWP.org