

WSCA REGISTRATION FORM or ONLINE AT WWW.WSCAWEB.ORG

2025-2026 PRECONFERENCE: NOVEMBER 5 & CONFERENCE: NOVEMBER 6 & 7 · KALAHARI · WISCONSIN DELLS, WI

Name _____ Home Phone _____
School District/Employer _____ School Name _____
School Address _____ City/State/Zip _____
Email (required) _____ Work Phone _____ CESA _____
Level You Work With _____ Years of Experience _____ First Time Attending @ Kalahari? _____

PRECONFERENCE WORKSHOPS REGISTRATION | Wednesday, November 5

Full Day: 9:30 a.m.–4:30 p.m.

Member/Non-Member \$150.00/\$190.00

<input type="checkbox"/>	1A: Building Connections: Using Motivational Interviewing to Support Student Success through School Connectedness (Middle, High)	\$
<input type="checkbox"/>	1B: Supporting Students with a Suicide Prevention Framework and Best Practices (K-12)	\$

Morning Half Day: 9:30 a.m.–12:30 p.m.

Member/Non-Member \$100.00/\$120.00

<input type="checkbox"/>	2A: Counselors' Toolkit: Games for Teaching Character & Building an Inclusive School Culture (Elem.)	\$
<input type="checkbox"/>	2B: Emerging School Counselor Cohort (K-12)	\$
<input type="checkbox"/>	2C: Get to Work: Using Employability Skills to Shape Behavior (Middle, High)	\$
<input type="checkbox"/>	2D: High School MTMDSS: Every Tier, Every Domain, Every Student (High)	\$
<input type="checkbox"/>	2E: Mindfulness Across All Tiers (Elem.)	\$
<input type="checkbox"/>	2F: Understanding 504: A School Counselor's Guide (K-12)	\$

Afternoon Half Day: 1:30–4:30 p.m.

Member/Non-Member \$100.00/\$120.00

<input type="checkbox"/>	3A: Alcohol, Vaping, and Cannabis...Oh My! Evidence-Based Resources You Can Implement...Today! (Middle, High)	\$
<input type="checkbox"/>	3B: Beyond Toughness: Helping Boys Build Healthier Connections (Middle, High)	\$
<input type="checkbox"/>	3C: Counseling in Technicolor: Using Data to Evolve Traditions (Elem., Middle)	\$
<input type="checkbox"/>	3D: Executive Functioning: What's the Support? (Elem.)	\$
<input type="checkbox"/>	3E: Leading the Way: Counselor-Led Career Readiness Professional Learning Communities (K-12)	\$
<input type="checkbox"/>	3F: Taking it to the Next Level: Solution Focused Counseling Theory and Practice (K-12)	\$

<input type="checkbox"/>	Morning/Afternoon Preconference Discount Apply if registering for both paid AM & PM sessions. Does NOT apply to full-day sessions or free sessions.	(\$50.00)	\$
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FULL CONFERENCE REGISTRATION | Thursday, November 6 & Friday, November 7

	Before or On 10/01	After 10/01	
WSCA Member	<input type="checkbox"/> \$250.00	<input type="checkbox"/> \$325.00	
Non-Member (Non-Member rate automatically includes 1-year WSCA membership) Please attach a completed membership application form.	<input type="checkbox"/> \$325.00	<input type="checkbox"/> \$400.00	\$
WSCA Student Member or Retired Member Advisor's signature (required) verifying 1/2 time or more status for students: _____	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$275.00	

Additional Add-Ons/Fees

<input type="checkbox"/>	WSCA Annual Membership Dues Professional \$70 _____ Affiliate \$70 _____ Student \$25 _____ Retired \$20 _____ Please attach a completed membership application form.		\$
<input type="checkbox"/>	Purchase Order Processing Fee (Only include if payment is NOT accompanying the registration) The purchase order must be accompanied by a completed registration form.	\$5.00	\$

A 25% processing fee is assessed on all requests for refunds.

No refunds will be made after October 15th, 2025.

Total Amount Due:	\$
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Make checks payable to WSCA

For registration questions, contact:

Mail Forms and Payment to:

WSCA Admin
1005 Quinn Drive
Suite 158
Waunakee, WI 53597

Ph: 608-204-9825
Email: admin@wscaweb.org
Fax: 855.756.9002

PAYMENT METHOD ACCEPTED:

____ CASH ____ CHECK ____ CREDIT CARD

____ INVOICE (only available prior to 07/01/2025, payment must be received by 07/31/2025, or registration is void)

Card # _____
Exp. Date. _____ CVV _____

*A 3% processing fee will be applied to all credit card transactions

EARLY REGISTRATION: Registrations must be postmarked by 10/01/25 to avoid a \$75 rate increase



WISCONSIN SCHOOL COUNSELOR ASSOCIATION 2025-2026 MEMBERSHIP APPLICATION

First _____ MI _____ Last _____

Indicate your preferred: **Mailing Address:** Home _____ School/Work _____ & **Email Address:** Home _____ School/Work _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Home Email _____

Employer Name _____

School(s) _____ CESA (if applicable) _____

Work Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Work Email _____

PLEASE CHECK THE LEVEL WHICH BEST DESCRIBES YOUR POSITION

- | | |
|--|---|
| <input type="checkbox"/> Elementary School (K-5) | <input type="checkbox"/> Technical College/University |
| <input type="checkbox"/> K-8 | <input type="checkbox"/> Counselor Educator |
| <input type="checkbox"/> Middle/Jr. High (6-8) | <input type="checkbox"/> Student, Please list college _____ |
| <input type="checkbox"/> High School (9-12) | <input type="checkbox"/> Other, Please list position _____ |
| <input type="checkbox"/> K-12 | |

DO YOU TEACH SCHOOL COUNSELING GRADUATE CLASSES? ☐ Yes ☐ No If yes, where? _____

PLEASE CHECK THE YEARS OF EXPERIENCE WHICH BEST DESCRIBES YOUR WORK IN SCHOOL COUNSELING

- ☐ 0-4 years ☐ 5-8 years ☐ 9+ years

PLEASE CHECK THE APPROPRIATE MEMBERSHIP LEVEL BELOW

Professional Membership \$70.00 _____

A Professional Member shall be licensed as a school counselor with a License in School Counseling from the DPL.

Affiliate Membership \$70.00 _____

Any person interested in supporting school counseling who is not eligible for any other type of membership.

Student Membership \$25.00 _____

A Student Member must be engaged full-time in a planned program of counselor education pursuing a degree as a counselor. A member may only hold student status for a total of five years or until they have graduated from their education program.

*Professor signature to verify student status _____

Retired Membership \$20.00 _____

A person who has been a school counselor and retires from the profession, and has been a WSCA member for three years prior to becoming retired is eligible for retiree membership.

First-Year Student Membership **FREE** _____

WSCA membership is FREE for "first-year" students pursuing a degree in school counseling full-time.

*Professor signature to verify student status _____

College/University _____

DID SOMEONE REFER YOU TO JOIN WSCA? ☐ Yes ☐ No If yes, please provide their full name _____

Send form/payment to:
WSCA Admin Office
1005 Quinn Drive
Suite 158
Waunakee, WI 53597
Fax: (855) 756-9002

PAYMENT METHOD ACCEPTED:

___ CASH ___ CHECK ___ MASTERCARD ___ VISA CARD
NUMBER _____
EXP. DATE _____ CVV _____

**All credit card payments will have a 3% processing fee applied*

For questions, contact:

WSCA Admin. Office

(608) 204-9825
or
admin@wscaweb.org