

# 2026 Wisconsin Peer Recovery Conference

Monday, 4/20/26 8:30 a.m. - Wednesday, 4/22/26 noon

[Kalahari Resort and Conference Center](#)



## Who is Registering?

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☐ I am registering myself    ☐ I am registering others

## Conference Attendee Information

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<b>Email:</b>			
<b>Phone Number:</b>			
<b>First Name:</b>		<b>Last Name:</b>	
<b>Mailing Address:</b>			
<b>County:</b>	<b>City:</b>	<b>State:</b>	<b>Postal Code:</b>
<b>Company/Agency Name:</b>			

☐ *I am attending the conference, April 20-21, 2026 for \$150.00*

**Are you a first-time participant?**   ☐ Yes   ☐ No

**How did you hear about our event?** - \_\_\_\_\_.

**Please list any special accommodations needed** - \_\_\_\_\_.

## Please circle any dietary restrictions:

Vegetarian

Vegan

Gluten Free

Dairy Free

N/A

*UWSP Continuing Education works hard to communicate all special meal requests and allergies to the conference venue. Unfortunately, due to circumstances beyond our control, we cannot guarantee all special dietary needs can be met. If you have dietary needs (i.e., low salt, low carb, keto, kosher, etc.), you may wish to make alternative meal arrangements.*

**Please indicate your highest level of completed formal education:**

- ☐ High School Diploma/GED
- ☐ Associate Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree or Beyond
- ☐ Prefer Not to Respond

**Attendee Preferences**

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\*This information will be printed onto your name badge

Please indicate which box closest matches your preferences:

- ☐ Comfortable with hugs
- ☐ Comfortably with handshakes or high-fives only
- ☐ Prefer no physical contact

**Attendee Meals**

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I will attend:

- ☐ Monday Lunch
- ☐ Monday Dinner
- ☐ Tuesday Lunch

## Monday, April 20<sup>th</sup> – Breakout Sessions

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**Please select exactly one option from the 8:30-10 a.m. breakout sessions:**

☐ 1A   ☐ 1B   ☐ 1C   ☐ 1D   ☐ 1E   ☐ *I will NOT be attending a session during this time.*

**Please select exactly one option from the 10:30-noon breakout sessions:**

☐ 2A   ☐ 2B   ☐ 2C   ☐ 2D   ☐ 2E   ☐ *I will NOT be attending a session during this time.*

**Please select exactly one option from the noon-1:30 p.m. breakout sessions:**

☐ Keynote – Lynn McLaughlin and Karen Iverson Riggers

☐ I will NOT be attending the Keynote

**Please select exactly one option from the 2:00-3:30 p.m. breakout sessions:**

☐ 3A   ☐ 3B   ☐ 3C   ☐ 3D   ☐ 3E   ☐ *I will NOT be attending a session during this time.*

**Please select exactly one option from the 4:00-5:30 p.m. breakout sessions:**

☐ 4A   ☐ 4B   ☐ 4C   ☐ 4D   ☐ 4E   ☐ *I will NOT be attending a session during this time.*

## Tuesday, April 21<sup>st</sup> – Breakout Sessions

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**Please select exactly one option from the 8:30-10 a.m. breakout sessions:**

☐ 5A   ☐ 5B   ☐ 5C   ☐ 5D   ☐ 5E   ☐ *I will NOT be attending a session during this time.*

**Please select exactly one option from the 10:30-noon breakout sessions:**

☐ 6A   ☐ 6B   ☐ 6C   ☐ 6D   ☐ 6E:   ☐ *I will NOT be attending a session during this time.*

**Please select exactly one option from the noon-1:30 breakout sessions:**

☐ Keynote – Aaron Hicks and Frank Davis

☐ *I will NOT be attending a session during this time.*

**Please select exactly one option from the 2:00-3:30 breakout sessions:**

☐ 7A   ☐ 7B   ☐ 7C   ☐ 7D   ☐ 7E   ☐ *I will NOT be attending a session during this time.*

### **Wednesday, April 22 – Ethics and Boundaries Workshop**

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Please select exactly one option from the **8:00 a.m. – noon** Ethics and Boundaries workshop selections:

- ☐ Ethics and Boundaries Workshop - April 22, 2026; 8 a.m. to noon - \$75.00
- ☐ I will NOT be attending the Ethics and Boundaries Workshop

### **Final Total and Billing**

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\*Final Total: \$\_\_\_\_\_

**Please send the completed paper registration form and check payable to UW-Stevens Point to:**

UW Stevens Point – Continuing Education

Attn: Conferences

2100 Main St, 032 Main Bldg.

Stevens Point WI, 54481-3897

Phone: 715-346-3838