

Tree Risk Assessment Qualification Renewal Course

Monday, 6 December 2021

Oconomowoc, Community Center - Community Rm 001
220 W Wisconsin Ave • Oconomowoc WI 53066

**REGISTRATION DEADLINE:
Monday, 1 November 2021**



REGISTRATION FORM

This form is to apply to attend a Tree Risk Assessment Qualification Course and Assessment. If you need to apply for a TRAQ exam retake only, you must contact qual@isa-arbor.com or call +1 678.367.0981.

First Name: _____ Last Name: _____

Preferred Name for Badge: _____ Business Name: _____

Physical Address: *(Required for shipping materials)* _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Cell phone: _____ Extension: _____ Email: _____

Are you a current ISA Member? Yes (ISA Member Number _____) No Are you an WAA Chapter member? Yes No

Current TRAQ Expiration Date: _____ Current ISA Credential ID: _____

Special Dietary Considerations: _____

Special Accommodations Requests:

If you have an accommodation request, please complete the Special Accommodations Request Form and submit it with your application. You may find the form online at www.isa-arbor.com/Accommodations.

Prerequisites:

To renew the Tree Risk Assessment Qualification (TRAQ) you must currently hold the TRAQ credential and be within at least 18 months of the credential expiration date.

REGISTRATION TYPE *(Includes TRAQ Manual and Risk Clipboard, with lunches and breaks on full days.)*

ISA and/or Chapter member \$220 Non-member \$260

Applicants must submit form and registration payment by the registration deadline.

Onsite registration is not available.

By applying to participate in a TRAQ event, I authorize the ISA to make my registration and contact information available to the local chapter / associate organization. I agree to the terms, conditions, and policies outlined in the [Tree Risk Assessment Qualification Application Guide](#).

METHOD OF PAYMENT

Check, payable in U.S. funds to "Wisconsin Arborist Association"

Credit Card. Please charge my: Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____ Security Code _____

Name on card: _____ Signature: _____

Billing Address: _____

Registration is limited. Please mail or email your completed form along with payment by 1 November 2021 to: **WAA, PO Box 189, Eagle, WI 53119-0189** or by email to admin@waa-isa.org. **WAA will retain a \$50 cancellation fee for all cancellations before the deadline. No refunds will be issued after the registration deadline. For registration questions, please e-mail admin@waa-isa.org.**