

38th Annual WMCA Conference

March 19 – 21, 2008

(Master Academy - March 18, 2008)

Registration Form

PLEASE USE ONE FORM PER ATTENDEE

MAKE COPIES AS NEEDED

Name: _____ CMC _____ MMC _____

Title: _____

Jurisdiction/Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

_____ This is my first WMCA Conference

_____ I am a new clerk.

_____ I will bring an auction item

Indicate any special dietary needs and/or restrictions due to a medical condition: _____

PLEASE COMPLETE AND MAIL THIS FORM WITH CHECKS PAYABLE TO WMCA:

Mail completed registration form and check to:

Sheryle Wyatt, WMCA Treasurer

City of Tumwater

555 Israel Rd. SE

Tumwater, WA 98501

Questions: 360-754-4130 x238

swyatt@ci.tumwater.wa.us

<u>Session</u>	<u>Member</u>	<u>Non-Member</u>	<u>Total</u>
Master Academy Received before 02/15/08	\$125.00	\$150.00	_____
Master Academy Received after 02/15/08	\$150.00	\$175.00	_____
WMCA Annual Conference Received before 02/15/08	\$300.00	\$350.00	_____
WMCA Annual Conference Received after 02/15/08	\$350.00	\$400.00	_____
*Day Registration Received before 02/15/08	\$100.00	\$125.00	_____
*Day Registration Received after 02/15/08	\$125.00	\$150.00	_____
*Please specify which day you will be attending: _____			
Your Registration Total:			\$ _____

NO REFUNDS WILL BE CONSIDERED IF YOUR REQUEST IS MADE AFTER FEBRUARY 22, 2008

(Meals sponsored by WMCA are included in the price of your registration.)

GUEST INFORMATION:

If you are bringing a GUEST(S), please fill out the following information:

Guest name(s): _____

Please indicate which meals your GUEST(s) will be attending and send in a check for those meals with your registration.

3/19 Wednesday Breakfast	_____ X \$10.00	= \$ _____
3/19 Wednesday Lunch	_____ X \$16.35	= \$ _____
3/19 Wednesday Dinner	_____ X \$29.75	= \$ _____
3/20 Thursday Breakfast	_____ X \$10.00	= \$ _____
3/20 Thursday Lunch	_____ X \$14.67	= \$ _____
3/20 Thursday Dinner	_____ X \$24.24	= \$ _____
3/21 Friday Breakfast	_____ X \$10.00	= \$ _____
Guest(s) Total:		\$ _____

List any special dietary needs and/or restrictions for your GUEST(S): _____
