



**40th Annual WMCA Conference  
Registration Form  
March 17 – 19, 2010  
Master Academy – March 16, 2010**

**PLEASE USE ONE FORM PER ATTENDEE**

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:  
 \_\_\_\_\_  
 \_\_\_\_\_

**NO REFUNDS WILL BE CONSIDERED IF YOUR REQUEST IS  
MADE AFTER FEBRUARY 19, 2010**

**PLEASE MAIL COMPLETED REGISTRATION FORM AND  
CHECK PAYABLE TO WMCA TO:  
Sheryle Wyatt, WMCA Treasurer  
7509 43rd Ave SE  
Lacey, WA 98503  
Questions: [mwyatt@comcast.net](mailto:mwyatt@comcast.net)  
360-438-2019**

<u>Session</u>	<u>Member</u>	<u>Non-Member</u>	<u>Total</u>
Master Academy Received before 02/12/10	\$125.00	\$150.00	_____
<b>Master Academy Received after 02/12/10</b>	\$150.00	\$175.00	_____
WMCA Annual Conference Received before 02/12/10	\$300.00	\$350.00	_____
<b>WMCA Annual Conference Received after 02/12/10</b>	\$350.00	\$400.00	_____
*Day Registration Received before 02/12/10	\$100.00	\$125.00	_____
<b>*Day Registration Received after 02/12/10</b>	\$125.00	\$150.00	_____

\*Please specify which day you will be attending: \_\_\_\_\_

**Your Registration Total:** \$ \_\_\_\_\_  
 (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:**

3/16 Academy Breakfast	_____ x \$20.00	= \$ _____
3/16 Academy Lunch	_____ x \$20.00	= \$ _____
3/17 Wednesday Breakfast	_____ x \$19.00	= \$ _____
3/17 Wednesday Lunch	_____ x \$32.00	= \$ _____
3/18 Thursday Breakfast	_____ x \$29.00	= \$ _____
3/18 Thursday Lunch	_____ x \$29.00	= \$ _____
3/18 Thursday Dinner	_____ x \$44.00	= \$ _____
3/19 Friday Breakfast	_____ x \$26.00	= \$ _____
<b>Guest(s) Total:</b>		<b>\$ _____</b>

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