



**39th Annual WMCA Conference
Registration Form
March 18 – 20, 2009
Master Academy – March 17, 2009**

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 20, 2009**

**PLEASE MAIL COMPLETED REGISTRATION FORM AND
CHECK PAYABLE TO WMCA TO:**
 Sheryle Wyatt, WMCA Treasurer
 City of Tumwater
 555 Israel Rd. SW
 Tumwater, WA 98501
 Questions: 360-754-4130 x238
swyatt@ci.tumwater.wa.us

Session	Member	Non-Member	Total
Master Academy Received before 02/13/09	\$125.00	\$150.00	_____
Master Academy Received after 02/13/09	\$150.00	\$175.00	_____
WMCA Annual Conference Received before 02/13/09	\$300.00	\$350.00	_____
WMCA Annual Conference Received after 02/13/09	\$350.00	\$400.00	_____
*Day Registration Received before 02/13/09	\$100.00	\$125.00	_____
*Day Registration Received after 02/13/09	\$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.)

Please make your Annual Banquet dinner selection:

Halibut _____ Chicken _____

If you have noted you are a vegetarian an appropriate meal will be provided for you.

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:

3/18 Wednesday Breakfast	_____	x \$16.00	= \$ _____
3/18 Wednesday Lunch	_____	x \$36.00	= \$ _____
3/19 Thursday Breakfast	_____	x \$16.00	= \$ _____
3/19 Thursday Lunch	_____	x \$22.00	= \$ _____
3/19 Thursday Dinner	Chicken _____	x \$38.00	= \$ _____
	Halibut _____	x \$38.00	= \$ _____
3/20 Friday Breakfast	_____	x \$21.00	= \$ _____
Guest(s) Total:			\$ _____

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