



**48th Annual WMCA Conference  
Registration Form  
Conference - March 14-16, 2018  
Spring Academy - March 13, 2018**

**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 **medically necessary** dietary needs; we utilize buffets with a wide variety of food that allow you to choose what fits a dietary preference (i.e. gluten free lifestyle vs. allergy to gluten) a vegetarian preference is the exception to this:

\_\_\_\_\_

**A REQUEST FOR REFUND RECEIVED AFTER  
FEBRUARY 12, 2018 WILL NOT BE CONSIDERED.**



**PLEASE MAIL COMPLETED REGISTRATION FORM AND  
CHECK PAYABLE TO WMCA TO:**

Gina Anderson, WMCA Treasurer  
PO Box 9

Woodland, WA 98674

Questions: [andersong@ci.woodland.wa.us](mailto:andersong@ci.woodland.wa.us)

Session	Member	Non-Member	Total
Master Academy Received before 02/12/18	\$125.00	\$150.00	_____
<b>Master Academy Received after 02/12/18</b>	\$150.00	\$175.00	_____
WMCA Annual Conference Received before 02/12/18	\$375.00	\$425.00	_____
<b>WMCA Annual Conference Received after 02/12/18</b>	\$425.00	\$475.00	_____
*Day Registration Received before 02/12/18	\$125.00	\$150.00	_____
<b>*Day Registration Received after 02/12/18</b>	\$150.00	\$175.00	_____

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

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

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

**REGISTRATION CUT OFF IS MARCH 1, 2018.**



**GUEST INFORMATION:**

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

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

3/13 Academy Breakfast	provided by the hotel w/ your room
3/13 Academy Lunch	_____ x \$24.00 = \$ _____
3/14 Wednesday Breakfast	_____ x \$26.00 = \$ _____
3/14 Wednesday Lunch	_____ x \$22.00 = \$ _____
3/14 Wednesday Dinner	_____ x \$38.00 = \$ _____
3/15 Thursday Breakfast	_____ x \$26.00 = \$ _____
3/15 Thursday Lunch	_____ x \$26.00 = \$ _____
3/15 Thursday Dinner	_____ x \$50.00 = \$ _____
3/16 Friday Breakfast	provided by the hotel w/ your room
<b>Guest(s) Total:</b>	<b>\$ _____</b>

List any **medically necessary** dietary needs for your GUEST(S):

\_\_\_\_\_