49th Annual WMCA Conference Registration Form

March 13 – 15, 2019

Spring Academy – March 12, 2019

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 due to a **medical condition;** 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, 2019 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

Session	Member	Non-Member	Total
Spring Academy Received before 02/12/19	$125.00	$150.00	_____
Spring Academy Received after 02/12/19	$150.00	$175.00	_____
WMCA Annual Conference Received before 02/12/19	$400.00	$450.00	_____
WMCA Annual Conference Received after 02/12/19	$450.00	$500.00	_____
*Day Registration Received before 02/12/19	$150.00	$175.00	_____
***Day Registration Received after 02/12/19**	$175.00	$200.00	_____

*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 February 25, 2019.

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 Lunch	_____ x $38.00	=	$_____
3/14 Wednesday Breakfast	_____ x $48.00	=	$_____
3/14 Wednesday Lunch	_____ x $47.00	=	$_____
3/14 Wednesday Dinner	_____ x $73.00	=	$_____
3/15 Thursday Breakfast	_____ x $39.00	=	$_____
3/15 Thursday Lunch	_____ x $44.00	=	$_____
3/15 Thursday Dinner	_____ x $93.00	=	$_____
Guest(s) Total:			**$_____**

List any special dietary needs due to a **medical condition** for your GUEST(S):

_____