



**50<sup>th</sup> WMCA Conference  
Registration Form  
March 16 – 18, 2022  
Spring Academy – March 15, 2022**

**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  
JANUARY 31, 2022 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 01/31/22	\$125.00	\$150.00	_____
<b>Spring Academy Received after 01/31/22</b>	\$150.00	\$175.00	_____
WMCA Annual Conference Received before 01/31/22	\$425.00	\$450.00	_____
<b>WMCA Annual Conference Received after 01/31/22</b>	\$475.00	\$525.00	_____
*Day Registration Received before 01/31/22	\$175.00	\$200.00	_____
<b>*Day Registration Received after 01/31/22</b>	\$200.00	\$225.00	_____
*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 14, 2022.**



**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:**

3/15 Academy Lunch \_\_\_\_\_ x \$28.00 = \$ \_\_\_\_\_

3/16 Wednesday Breakfast \_\_\_\_\_ x \$28.00 = \$ \_\_\_\_\_

3/16 Wednesday Lunch \_\_\_\_\_ x \$29.00 = \$ \_\_\_\_\_

3/16 Wednesday Dinner \_\_\_\_\_ x \$29.00 = \$ \_\_\_\_\_

3/17 Thursday Breakfast \_\_\_\_\_ x \$28.00 = \$ \_\_\_\_\_

3/17 Thursday Lunch \_\_\_\_\_ x \$42.00 = \$ \_\_\_\_\_

3/17 Thursday Dinner \_\_\_\_\_ x \$44.00 = \$ \_\_\_\_\_

**Guest(s) Total:** \$ \_\_\_\_\_

Tuesday (3/15) and Friday (3/18) guest breakfasts available for purchase from hotel.

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

\_\_\_\_\_