

REGISTER



WSTDA 2017 Fall Meeting

October 16-19, 2017 • Kimpton Solamar San Diego • San Diego, CA

Early Registration Deadline: September 25, 2017

Please type or print. Photocopy this form for additional registrants.

**READ BELOW
BEFORE FILLING
OUT FORM:**

Company Rep. _____ Nickname _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ 1st conference? Yes No

If we have questions, who may we call? _____

Spouse/Companion Attending? Yes No

Spouse/Companion Name _____ Nickname _____

SPONSORSHIP LEVELS

- Platinum - \$1,000
- Gold - \$500
- Silver - \$350
- Bronze - \$200
- Welcome Reception - \$500 (multiple sponsors welcome)
- Offsite Event - \$1,000 (multiple sponsors welcome)

Support the WSTDA Scholarship Program with a Donation

- \$100
- \$500
- \$1,000
- Other Amount \$ _____

REGISTRATION INFORMATION

EVENT	COST	Company Rep.	Spouse/Guest
Member Representative	\$480		
Non-member Representative	\$565		
Spouse/Companion	\$300		
Late Fee (for registrations after Sept. 25)	\$50		
Fees Due for Each Attendee			
Sponsorship			
Scholarship Donation			
Total Amount Due		\$	\$

Please type or print information as you want it to appear on your badge. Photocopy this form for additional registrants. No phone registrations accepted. Payment must accompany this form.

Registration Fees
 Member \$480
 Non-member..... \$565
 Spouse/Guest..... \$300

Registration fee covers all business sessions, conference materials and all scheduled meal functions.

Disability
 If you have a disability or dietary need and require special accommodation in order to fully participate in this event, please check the box on the left. Attach a written description of needs. We can only provide access if we have prior knowledge.

Cancellation Policy
 All cancellations must be in writing. No refunds will be made after September 25, 2017. Cancellations prior to September 25 will be charged a \$75 administrative fee.

Sponsors
 Please consult your tax advisor on the tax deductibility of your sponsorship.

Return this form with payment to:

WSTDA
 9 Newport Drive
 Suite 200
 Forest Hill, MD 21050
 (443) 640-1070
 Fax: (443) 640-1031
 www.wstda.com

PAYMENT

No telephone registrations accepted. Payment must accompany this form.

- Check (payable to WSTDA)
- VISA
- MasterCard
- AmEx

Credit Card # _____ Expiration Date _____

Billing Address _____ City/State/Zip _____

Cardholder Name _____ Signature _____

FOR EMERGENCIES ONLY Emergency Contact (name) _____

Emergency Contact (cell) _____ Attendee Contact (cell) _____